Anthem Life Insurance Company

Life Insurance Beneficiary Designation Form

Anthem Life1-800-552-2137

The employer must keep this form on file.

Name of employer/group (if applicable)	Policy/Gertification no.
N	
Name of insured	Social Security no.
Name of policyholder (if different)	
value of policyflolder (11 different)	Social Security no.
f you live in a state with marital or community property laws, an ife insurance policy, then your spouse must consent by signing b	nd your spouse (husband or wife) is not listed as a primary beneficiary for at least 50% of thi below.
ection 2: Primary Beneficiaries — Person or persons who will receive the life ins	surance proceeds upon your death.
Name	Date of birth (MMDDYYYY) Social Security no.
Address	Relationship to insured % to be paid to benefici
lame	Date of birth (MMDDYYYY) Social Security no.
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ame	Date of birth (MMDDYYYY) Social Security no.
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ne total percentage of all Primary beneficiaries should add up to eneficiary survives, proceeds will be paid to the Contingent bene ditional Primary or Contingent beneficiaries.	100%. If no percentages are indicated, the proceeds will be divided equally. If no Primary eficiary(ies) listed below. Space is provided at the bottom of page two if you wish to name
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