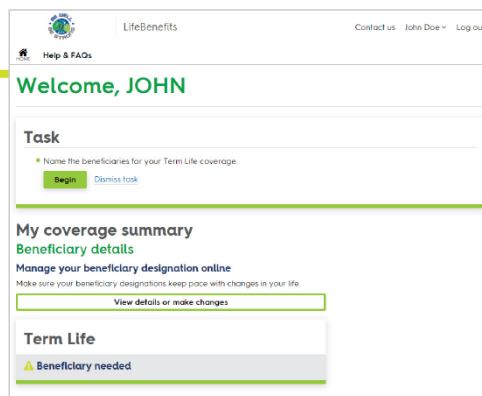


# View or change your beneficiary online

1

To update, view or change your beneficiary visit **LifeBenefits.com** and log-in with the user ID and password on the enclosed letter. Upon log-in you will be able to determine if you have a beneficiary on file, or if you need to make a designation.



LifeBenefits.com | Contact us | John Doe | Log out

Help & FAQs

## Welcome, JOHN

**Task**

- Name the beneficiaries for your Term Life coverage.

[Begin](#) [Dismiss task](#)

---

**My coverage summary**

**Beneficiary details**

Manage your beneficiary designation online

Make sure your beneficiary designations keep pace with changes in your life.

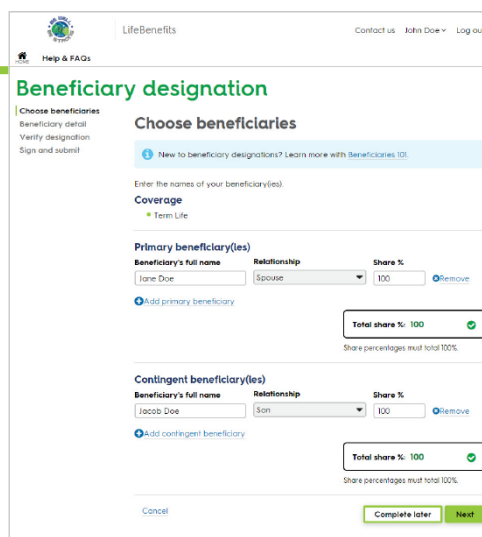
[View details or make changes](#)

**Term Life**

**Beneficiary needed**

2

You can select one beneficiary, or split the benefit among multiple beneficiaries, as long as the total shares equal 100%.



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Help & FAQs

## Beneficiary designation

Choose beneficiaries

Beneficiary detail  
Verify designation  
Sign and submit

**Choose beneficiaries**

New to beneficiary designations? Learn more with [Beneficiaries 101](#).

Enter the names of your beneficiary(ies).

**Coverage**

- Term Life

**Primary beneficiary(ies)**

Beneficiary's full name	Relationship	Share %	
Jane Doe	Spouse	100	<a href="#">Remove</a>

[Add primary beneficiary](#)

Total share %: 100 ☒

Share percentages must total 100%.

**Contingent beneficiary(ies)**

Beneficiary's full name	Relationship	Share %	
Jacob Doe	Son	100	<a href="#">Remove</a>

[Add contingent beneficiary](#)

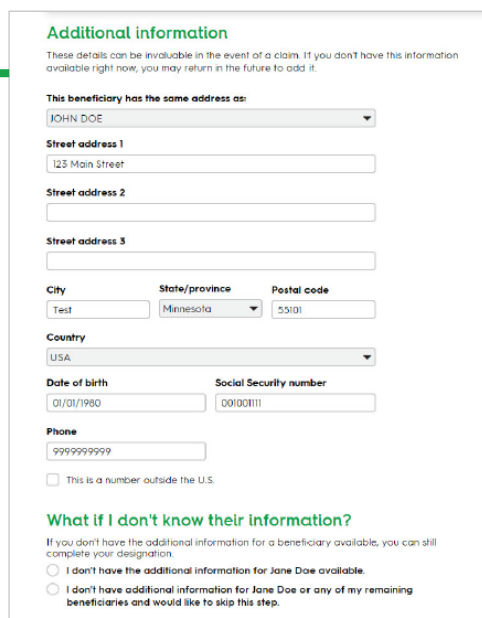
Total share %: 100 ☒

Share percentages must total 100%.

[Cancel](#) [Complete later](#) [Next](#)

3

You will need to know the first and last name of your beneficiary. If you also have their address, phone number, date of birth and/or social security number this can be helpful at the time of claim to expedite payment.



## Additional information

These details can be invaluable in the event of a claim. If you don't have this information available right now, you may return in the future to add it.

**This beneficiary has the same address as:**

[JOHN DOE](#)

**Street address 1**

123 Main Street

**Street address 2**

**Street address 3**

**City** **State/province** **Postal code**

Test Minnesota 55101

**Country**

USA

**Date of birth** **Social Security number**

01/01/1980 00100111

**Phone**

9999999999

☐ This is a number outside the U.S.

**What if I don't know their information?**

If you don't have the additional information for a beneficiary available, you can still complete your designation.

☐ I don't have the additional information for Jane Doe available.

☐ I don't have additional information for Jane Doe or any of my remaining beneficiaries and would like to skip this step.

4

Verify that all information is correct.

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Help & FAQs

## Beneficiary designation

Choose beneficiaries | Beneficiary detail | **Verify designation** | Sign and submit

Please review this information and verify it is correct.

### Coverage

- Term Life

Primary beneficiary		
Beneficiary detail	Relationship	Share %
<b>Name:</b> Jane Doe <b>Address:</b> 123 Main Street Test, MN 55001 USA <b>Date of birth:</b> 01/01/1980 <b>Social Security number:</b> ***-**-1111 <b>Phone:</b> 999-999-9999 <a href="#">Edit detail</a>	Spouse	100.00

Contingent beneficiary		
Beneficiary detail	Relationship	Share %
<b>Name:</b> Jacob Doe <b>Address:</b> 123 Main Street Test, MN 55001 USA <b>Date of birth:</b> 01/01/2001 <b>Social Security number:</b> ***-**-2222 <b>Phone:</b> 999-999-9999 <a href="#">Edit detail</a>	Son	100.00

[Back](#) [Cancel](#) [Complete later](#) [Next](#)

5

Sign and submit via electronic signature.

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Help & FAQs

## Beneficiary designation

Choose beneficiaries | Beneficiary detail | **Verify designation** | **Sign and submit**

This designation will replace any previous designations, immediately or on the effective date of your policy, whichever is later. You can return to this website to review or change your designation at any time.

### Email notification

You will automatically receive notification of your beneficiary designation by postal mail. If you would like, we will also send you an email confirmation.

☒ I would like to receive an email confirmation of the following address:

Email address:

### Electronic signature

Please select your response to the following statement: By selecting "I agree" I hereby affirm my electronic signature. I agree to be bound, in all respects, as if I were affixing my handwritten signature to the document. I have read and understand the terms of use and the electronic signature requirements. The information submitted is true and complete to the best of my knowledge and belief.

☒ I agree  
☐ I do not agree

[Back](#) [Cancel](#) [Complete later](#) [Submit](#)

6

Once your designation is made, you will receive a beneficiary confirmation statement in the mail. If you need to change or update your beneficiary, changes can be made online at any time.

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Help & FAQs

## Beneficiary designation

### Confirmation

Your beneficiary designation was updated on 06/21/2019 08:30:50 AM. Review the details of your beneficiary designation below.

### Coverage

- Term Life

Primary beneficiary		
Beneficiary detail	Relationship	Share %
Jane Doe	Spouse	100.00

Contingent beneficiary		
Beneficiary detail	Relationship	Share %
<b>Name:</b> Jacob Doe <b>Address:</b> 123 Main Street Test, MN 55001 USA <b>Date of birth:</b> 01/01/2001 <b>Social Security number:</b> ***-**-2222 <b>Phone:</b> 999-999-9999	Son	100.00

[Return Home](#)

**How did we do?**

We're constantly striving to provide excellent service. Please share your feedback with us!

[Give feedback](#)