



**NORTH CAROLINA MUTUAL
LIFE INSURANCE COMPANY**

**ENROLLMENT FORM FOR
GROUP LIFE INSURANCE**

Policy Number _____
Employer Name _____

Employee's Last Name, First, M.I.			Social Security Number		
Last Name of Beneficiary, First, M.I.			Relationship*		
Last Name of Contingent Beneficiary, First, M.I.			Relationship*		
Employment Date MO/DAY/YR	Employee's Birth Date MO/DAY/YR	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Class	Effective Date MO/DAY/YR	Occupation
Employee Wages: <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr \$	Employee's Benefits: <input type="checkbox"/> Life: \$	<input type="checkbox"/> AD&D: \$		<input type="checkbox"/> Supplemental Life: \$	
Dependent's Life Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable, check eligible dependents below)					
<input type="checkbox"/> Spouse \$		Children: <input type="checkbox"/> One child <input type="checkbox"/> Two or more children \$ (per child amount)			

I have read, understand and agree to the provisions printed below and acknowledge that the information I have provided is accurate to the best of my knowledge. I further hereby authorize my employer to make necessary payroll deductions if required.

Insured Signature: _____ Date: _____

***Your spouse MUST sign this form if your are a resident of AZ, CA, ID, LA, NV, NM, TX, WA or WI and you designate someone other than your spouse as beneficiary.**

Spouse Signature: _____ Date: _____

FOR OFFICIAL USE ONLY			
EMPLOYEE'S NAME:			
	LIFE	AD&D	SUPPLEMENTAL LIFE
DATE			
AMOUNT			
REMARKS:			

As a covered employee, you have the right to select a beneficiary in accordance with the provisions of your policy. You may also have the right to change the beneficiary designated. **If you are a resident of AZ, CA, ID, LA, NV, NM, TX, WA or WI, your spouse MUST sign any change of beneficiary designation if you name someone other than your spouse as beneficiary.** If more than one beneficiary is designated, payment of the death benefit will be made in equal shares to each of the designated beneficiaries which survive the insured, unless some other allocations specified by you in writing in accordance with the provisions of the policy. If no designated beneficiary survives the insured, settlement will be made in accordance with the terms of the policy.

Some common beneficiary designations are outlined below:

One beneficiary only:	Mary J. Smith, wife (friend, daughter, etc.)
Two or more beneficiaries, equal amounts:	William S. Smith, father, Alice C. Smith, sister and Richard B. Smith, brother, the share of any deceased beneficiary to be paid in equal shares of the survivors, or to the survivor.
Unequal amounts:	50% to Mary J. Smith, wife, and 25% each to Alice C. Smith, sister, and Richard B. Smith, brother, the share of any deceased beneficiary to be paid in equal shares to the survivors, or to the survivor.
Primary and Contingent beneficiary:	Mary J. Smith, wife, if living, otherwise the children born of the marriage of the insured to Mary J. Smith equally, or equally to the survivors, or to the survivor.
Trustee beneficiary:	The Trust Company of Smith, North Carolina as trustee under a Trust Instrument dated January 1, 2001.