

# Madison National Life Insurance Company, Inc. Beneficiary Declaration Form

Complete this form as thoroughly as possible. Please be advised that completion of this form alone does not constitute coverage for benefits. The company does not admit that there is any insurance in force and does not waive any of its rights and/or defenses. Any incomplete form will not be accepted. The company withholds the right to request additional information prior to acceptance of this form.

Upon completion of this form, keep a copy so that your beneficiaries may refer to it should a claim for Group Term Life benefits be necessary. **The original of this form should be provided to your employer (not Madison National Life Insurance Company, Inc.).**

## Employee Information

Name of employer: \_\_\_\_\_ Group number: \_\_\_\_\_

Employee's name: \_\_\_\_\_ Social security number: \_\_\_\_\_

Married  Single

Address: \_\_\_\_\_  

Street
City
State
Zip Code

Telephone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Start date of employment: \_\_\_\_\_

## Beneficiary Declaration

### Primary Beneficiaries

In the event of my death, I request that benefits be paid as follows:

Full Name	Relationship	Address / Phone:	Percentage of Benefit (must total 100%)

*Attach additional pages if necessary*

### Secondary Beneficiaries

In the event that none of my primary beneficiaries are living at the time of benefit payment I request that benefits be paid as follows:

Full Name	Relationship	Address / Phone:	Percentage of Benefit (must total 100%)

**Please note:** Our company cannot issue benefits directly to a minor. Should benefits be payable to a minor we will require documents confirming who is the court appointed legal financial guardian of the minor. If you reside in a community property state, it may be unlawful to name someone other than a spouse as a beneficiary without the spouse's consent. Community property states include, but might not be limited to : AZ, CA, ID, LA, NM, NV, TX, WA and WI.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Required if policy is obtained in a community property state and your spouse is not listed as your primary beneficiary.)*

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Frequently Asked Questions

### Should I name a minor child as a beneficiary?

You may name a minor child as a beneficiary, however please be aware that we cannot make payment of a claim directly to a minor. Benefits payable to a minor beneficiary will generally be paid to a court-appointed financial guardian, and will require documentation confirming the name of the court-appointed financial guardian.

Another option may be to set up a trust for the minor child(ren) (see below) or name a custodian under the Uniform Transfers to Minor Act (UTMA). You should seek advice from your estate planning or family attorney to decide which option is best for your situation.

### How would I name a Charitable Organization as a beneficiary?

A charitable organization that is not your employer may be named as a beneficiary. You will need to indicate the name of the charitable organization, a contact for the organization, their tax identification number, and the percentage of the benefit that would be payable to them.

### How do I name my Estate as the beneficiary?

You may name your estate as a beneficiary. To name your estate as the beneficiary indicate "My Estate" as the beneficiary.

### How do I name a Trust as the beneficiary?

You may designate a trust as a beneficiary. To name a trust as a beneficiary, indicate the Trustee (show Name and address) and the Trust Agreement Dated (show date). If the trust has a tax identification number, that will need to be supplied in place of the social security number.

The information here is for informational purposes to assist you in completing this form. You are advised to speak with an attorney if you have any questions about who or what entity to list as your beneficiary(s).

For questions please contact the plan administrator:



**Corporate Headquarters**  
300 North Corporate Drive, Suite 300  
Brookfield, WI 53045  
**Offices Nationwide**  
800.627.3660

The following Fraud Warning applies to these states: **Connecticut, District of Columbia, Georgia, Hawaii, Illinois, Iowa, Kansas, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Utah, Vermont, Wisconsin and Wyoming.**

**WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### STATE SPECIFIC FRAUD WARNINGS

**ALABAMA WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**ALASKA WARNING:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**ARIZONA WARNING:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS, LOUISIANA & WEST VIRGINIA WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA WARNING:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO WARNING:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damage. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the Department of Regulatory Agencies.

**DELAWARE & IDAHO WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**FLORIDA WARNING:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**INDIANA WARNING:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KENTUCKY WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**MAINE WARNING:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**MARYLAND WARNING:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MASSACHUSETTS WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines, confinement in prison and/or denial of insurance benefits.

**MINNESOTA WARNING:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NEW HAMPSHIRE WARNING:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY WARNING:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NEW MEXICO WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**OHIO WARNING:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**PENNSYLVANIA WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**TENNESSEE, VIRGINIA & WASHINGTON WARNING:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**TEXAS WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in the state prison.