

## The Doctors Company Tribute Plan Beneficiary Designation

### INSTRUCTIONS

To designate a Tribute Plan beneficiary or to change your existing beneficiary designation, complete all applicable sections of this form. Return it to your agent or scan and e-mail it to Underwriting-TributeTeam@thedoctors.com.

 Initial Designation

 Change of designation

### SECTION A: PARTICIPANT INFORMATION

Last Name \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
 First Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Policy No. \_\_\_\_\_ Marital Status:  Single/Divorced  Married  
 Practice Name \_\_\_\_\_  
 Practice Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

### SECTION B: BENEFICIARY DESIGNATION

This designation will apply to the Tribute Balance for the above Tribute Plan participant. You must designate a specific percentage for each beneficiary. Shares must be whole percentages and total 100 percent. If you do not indicate shares, benefits will be split equally among surviving beneficiaries. If additional space is needed to designate multiple beneficiaries, attach a separate sheet of paper that includes your name and Social Security number. If the named beneficiary is a trust, please specify the name and date of the trust, and the name of the trustee.

**PRIMARY BENEFICIARY(IES)** *Will receive Tribute Balance in the event of your death.*

Beneficiary Name(s) and Address(es)	Relationship	Share of Balance (%)
<b>TOTAL</b>		<b>100%</b>

**CONTINGENT BENEFICIARY(IES)** *Will receive Tribute Balance if no primary beneficiary living at the time of your death.*

Beneficiary Name(s) and Address(es)	Relationship	Share of Balance (%)
<b>TOTAL</b>		<b>100%</b>

### SECTION C: PARTICIPANT SIGNATURE

I certify that the information provided on this form is correct and complete.

X \_\_\_\_\_  
 Participant Signature

\_\_\_\_\_  
 Date