

TRIBUTE PLAN



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 email it to Tribute@thedoctors.com.

Initial Designation Change of designation

SECTION A: MEMBER 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 _____
Email 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 (%)
TOTAL		100%

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

Beneficiary Name(s) and Address(es)	Relationship	Share of Balance (%)
TOTAL		100%

SECTION C: MEMBER SIGNATURE

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

X

Member Signature

Date