

Participant Beneficiary and Pre-Retirement Death Benefit Designations

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INSTRUCTIONS FOR PARTICIPANTS

1. Read carefully the "Information for Plan Participant" section on the back of this page. Keep in mind that plan documents may differ in their definitions concerning items such as the revocability of spousal consent, the minimum percentages for a qualified pre-retirement survivor annuity (QPSA) and other significant matters. Consult your plan administrator for details. This form assumes that your plan document provides for a qualified pre-retirement survivor annuity of 100% of your vested account balance.
2. If you wish to designate a beneficiary in accordance with the information referenced above, complete the "Beneficiary Designation" section. If you are participating in a voluntary TDA or IRA, this is the only section required to be completed.
3. If you wish to designate a form of pre-retirement death benefit other than a life annuity in accordance with the information referenced above, complete the "Pre-Retirement Death Benefit" section.
4. If you have completed either of the sections described above, you must complete the "Participant Certification" section, or your spouse must complete the "Spousal Consent and Waiver" section, depending upon your individual circumstances. The spousal consent and waiver must be witnessed by a plan representative or a notary public.
5. Sign and date the form at the bottom of the last page.
6. Keep a copy of this form for your records, and return the original to your plan administrator.

INFORMATION FOR PLAN ADMINISTRATOR

Any plan participant who wishes to designate a beneficiary other than his or her spouse or who wishes to elect a form of pre-retirement death benefit other than a life annuity must do so in writing and must obtain the spouse's consent, also in writing. If the participant is unmarried or cannot locate the spouse, the participant must also attest to that circumstance in writing.

This form has been provided to assist you in your obligation to maintain the written records described above. Retain the original form, and provide the participant with a copy. Make sure the participant initials any corrections.

You may witness the spouse's consent and waiver, or you may accept a spousal signature which has been witnessed by a notary public. If the participant affirms that he or she is not married or that the spouse cannot be located, Treasury Regulation §1.401(a)-20, Q&A-27, provides that "if it is established to the satisfaction of a plan representative that there is no spouse or that the spouse cannot be located, spousal consent to waive the QJSA or the QPSA is not required." Therefore, if the participant states that the spouse cannot be located, you will want to take further action, other than relying upon the participant's statement, such as attempting to contact the spouse at the last known address or telephone number. You may wish to attach documentation of such an attempt to this form.

Please note carefully the information provided for the participant; he or she may elect to decline automatic qualified pre-retirement survivor annuity (QPSA) coverage only under very specific circumstances or within certain time frames.

INFORMATION FOR PLAN PARTICIPANT

Beneficiary Designation

If you are married, federal law requires that death benefits from the plan be paid to your spouse to ensure that your spouse receives income from the plan even if you die before you retire. However, you and your spouse may elect to have death benefits paid to someone else. To do this, your spouse must sign the "Spousal Consent and Waiver" section of this form. If you are not married, or if your spouse cannot be located, you must complete the "Participant Certification" section of this form.

If your marital status changes (through death, divorce or marriage), review your beneficiary designation to be sure it meets these requirements; if your name changes, notify your plan administrator.

Notice of Qualified Pre-Retirement Survivor Annuity

As required by the Retirement Equity Act of 1984, your plan provides that a QPSA be paid to the spouse of a married participant in the event that the participant's death occurs before the benefit under the plan becomes payable. A portion of the value of your vested account balance at death (between 50% and 100%, according to your plan) is used to provide a monthly payment to your spouse for life. This form of benefit is a "life annuity." This form assumes that your plan provides for a QPSA of 100% of your vested account balance at death.

You may elect a form of distribution other than a QPSA if your plan allows. However, in order for such an election to be effective, it must be in writing and must include the consent of your spouse, witnessed by the plan administrator or a notary public. The plan may provide that any such election may be revoked at any time (see "Spousal Consent and Waiver" section), thereby reinstating the QPSA. You may choose to decline automatic QPSA coverage, but only under certain circumstances, as described below.

The period during which you may elect to decline automatic QPSA coverage starts on the latest of:

- (1) the first day of the plan year in which you attain age 35; or,
- (2) the date on which you first become a participant; or,
- (3) the date on which you are first married.

Your election period ends at the earlier of:

- (1) your death; or,
- (2) your annuity starting date.

However, if you separate from service of the plan sponsor

prior to attaining age 35, the election period begins on your separation from service.

Note: If you are under age 35, you also may elect (with appropriate written spousal consent) to decline automatic QPSA coverage. This election expires at the beginning of the plan year in which you attain age 35, unless you then renew the election and the spousal consent. If you are under age 35 and you want to make this election, you must:

- (1) notify the plan administrator;
- (2) secure written spousal consent, and
- (3) during the plan year in which you attain age 34, complete this form again if you wish to renew your election so that it extends beyond the first day of the plan year in which you attain age 35.

Trust Information

If your beneficiary is a trust, there shall be no obligation to inquire into the terms of the trust, and payment of the proceeds as provided in the designation will be a full discharge from all liability. If, before payment of the proceeds is made, satisfactory proof is presented that the trust has been revoked or is not in effect at your death, the proceeds shall be paid to the next class of beneficiary or to your estate if there is no such beneficiary. If the trust has been created by a will but fails to come into existence for any reason, the proceeds shall be paid to the next class of beneficiary or to your estate, if there is no such beneficiary.

If your beneficiary is to be a living trust, give the name and location of the trustee and the name and date of the trust agreement.

Community Property Information

If there has been no previous written notice of a community property interest and the space for the consent of your spouse is not completed, then anyone acting on the information contained herein shall be entitled to rely on his/her good faith belief that no such interest exists. By signing this form, you agree to indemnify and hold any such person harmless from the consequences of his/her action.

This indemnification shall apply to any later payment to a named beneficiary even though:

- (1) you have not obtained the consent of a former spouse having a community interest; or,
- (2) you and your spouse subsequently divorce; or,
- (3) your spouse dies after the date of execution of this designation; or,
- (4) you and your spouse subsequently sever your interest in the community.

Participant Name: _____
 Social Security Number: _____ Birth Date: _____
 Plan Name: _____

BENEFICIARY DESIGNATION: Complete this section to designate a beneficiary or beneficiaries. Enter full names, relationship to you (for example, spouse, child, grandchild, etc.) and age as of the date you complete this form. The reverse side of this form must also be completed.

Indicate any that apply: Initial Election Change Receiving Annuity Payments

Benefits are payable to the survivor or survivors within the highest class (first, second or third) in equal shares unless specified otherwise here. The rights of other beneficiaries shall terminate upon such payment. The beneficiary or beneficiaries for the benefit payable at my death should be as follows:

*First
Beneficiary(ies)*

NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	AGE	<input type="checkbox"/> M	<input type="checkbox"/> F
1. _____	_____	_____	_____		
Address _____					
2. _____	_____	_____	_____		
Address _____					
3. _____	_____	_____	_____		
Address _____					

If no first beneficiary is living at the time of the participant's death, proceeds shall be paid to the second beneficiary.

*Second
Beneficiary(ies)*

NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	AGE	<input type="checkbox"/> M	<input type="checkbox"/> F
1. _____	_____	_____	_____		
Address _____					
2. _____	_____	_____	_____		
Address _____					
3. _____	_____	_____	_____		
Address _____					

If no first or second beneficiary is living at the time of the participant's death, proceeds shall be paid to the third beneficiary.

*Third
Beneficiary(ies)*

NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	AGE	<input type="checkbox"/> M	<input type="checkbox"/> F
1. _____	_____	_____	_____		
Address _____					
2. _____	_____	_____	_____		
Address _____					
3. _____	_____	_____	_____		
Address _____					

PRE-RETIREMENT DEATH BENEFIT: Complete this section to elect a form of pre-retirement death benefit other than a life annuity. The reverse side of this form must also be completed.

Pay all pre-retirement death benefits from the plan as selected below (if none is selected, the form of benefit is a life annuity).

- Option 1 - Lump Sum.
- Option 2 - Certain and Life Annuity. (Select a period.) The period certain is to be ____5____10____15 years. Monthly payments are to continue for the life of my beneficiary. If my beneficiary should die before the end of the certain period, monthly payments are to continue to my second beneficiary in the same amount for the remainder of the period.
- Option 3 - Discretionary. The form of benefit shall be elected by my beneficiary upon my death.