

Four Seasons Family of Companies

Designation of Beneficiary Form

Personal Information:

Last Name	First Name	MI	Social Security Number
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Life Insurance: All eligible regular full-time associates are enrolled in the company provided life insurance after 90 days of continuous active service, in the amount of one time your annual salary, to a maximum of \$50,000, at no cost to the associate. The sum of all primary designations must total 100% and the sum of all secondary designations must total 100% (e.g. allocation of three primary beneficiaries could be 34%, 33%, 33%).

Please enter a beneficiary for this policy.

Primary Life/AD&D Beneficiary Designation

First and Last Name	Relationship	Percentage

In the event said primary beneficiary(ies) predecease me, I designate as secondary beneficiary:

Secondary Life/AD&D Beneficiary Designation

First and Last Name	Relationship	Percentage

Associate Signature

Date