

LifeWise Assurnace Company
P.O. Box 2272, Seattle, WA 98111-2272
(425) 918-4575

Mail to: Tyonek Native Corp.
Attn: Shareholder Relations
1689 C Street, #219
Anchorage, AK 99501-5131

LifeWise
Assurance Company
Life / Disability / Stop Loss

BENEFICIARY DESIGNATION OR CHANGE AUTHORIZATION

INSTRUCTIONS FOR EMPLOYER:

- 1) Please verify that all spaces are completed in full.
- 2) Please validate this card once the beneficiary change is completed.
- 3) **Please keep this card with the original enrollment record in the employer's personnel file (to be submitted with life claim).**
- 4) Questions should be referred to LifeWise Assurance Company

Subject to the terms of my Group Insurance Policy, I hereby designate or amend and revoke any former beneficiary name by me, and I now designate as Beneficiary:

NAME (Last, First, Middle Initial)	Relationship:
ADDRESS (Street, City, State, Zip)	
NAME (Last, First, Middle Initial)	Relationship:
ADDRESS (Street, City, State, Zip)	
NAME (Last, First, Middle Initial)	Relationship:
ADDRESS (Street, City, State, Zip)	
NAME (Last, First, Middle Initial)	Relationship:
ADDRESS (Street, City, State, Zip)	

If two beneficiaries are to share jointly, the last name entered should be followed by the words, "equally or to the survivor," if three or more beneficiaries are to share jointly the last name entered should be followed by the words "the survivor or survivors equally." If the interest of one beneficiary is to be contingent to the interest of another, after the name of the first beneficiary the following words should be placed, "if living, otherwise to. . ."

In community Property states, 50% of the payable benefits will be paid to the spouse unless the spouse signs a notarized statement waiving the right to the proceeds.

All information not already given as to the full name, and relationship of the proposed beneficiary should be filled in. If the proposed beneficiary is a married woman, her own given names must be furnished, not those of her husband. Example: "Jones, Helen Louise" - not "Mrs. H.L. Jones").

Shareholder Signature	Date / /
Shareholder Name (Please Print)	Maiden Name
Group Policy Number AK-100409-0000	SSN