

Aeropres Corporation
Term Life – Beneficiary Designation Form

In the event of my death, all Life Insurance Benefits under the Plan should be paid to the following person or persons as designated:

Important Note: AZ, CA, ID, LA, NV, NM, TX, WA and WI are community property states. If you live in a community property state and you designate someone other than your spouse as a beneficiary, state law requires that your spouse consent to such designation. If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s) may not be effective. The term "spouse" refers to the person to whom you are legally married, or your domestic partner or equivalent, as recognized and allowed by federal law, or by state law in your state of residence.

PRIMARY BENEFICIARY:

**% of Proceeds
(Must total 100%)**

Last Name, First Name, MI	Date of Birth	Relationship to you		% Designated
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Current Address	City	State	Zip	Phone Number
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Last Name, First Name, MI	Date of Birth	Relationship to you		% Designated
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Current Address	City	State	Zip	Phone Number
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(Please use the space on the back of this form if additional room is needed to complete the beneficiary(ies) information).

CONTINGENT ON THE ABOVE-NAMED BENEFICIARIES' DEATH, PLEASE DESIGNATE THE FOLLOWING AS MY SECONDARY LIFE BENEFICIARY OR BENEFICIARIES:

CONTINGENT BENEFICIARY:

**% of Proceeds
(Must total 100%)**

Last Name, First Name, MI	Date of Birth	Relationship to you		% Designated
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Current Address	City	State	Zip	Phone Number
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AGREEMENT AND SIGNATURE

I understand that this Designation of Beneficiary shall apply to all Term Life Benefits issued to me through Aeropres Corporation group coverage, unless I make a separate designation, either on or after the date of this designation.

By signing below, I acknowledge that (a) I understand and agree to the terms of this form as noted above; and (b) this Designation of Beneficiary is effective as of the date submitted.

SIGNATURE OF EMPLOYEE/MEMBER _____ **DATE** ____/____/____

COMMUNITY PROPERTY CONSENT – To Be Completed by the Employee/ Member's Spouse, If Applicable

By signing below, I, _____ (INSERT YOUR FULL NAME), do hereby consent to the foregoing beneficiary designation(s).

SIGNATURE OF SPOUSE _____ **DATE** ____/____/____