a DELPHI company					
	Designation of B	eneficiary			
Policyholder		Policy	Policy Number(s)		
Insured Name			Social Security Number		
hereby designate the following as my beneficiary(ies)	ficiary (ies) under the a	bove policy nui	mber(s):		
ull Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number	
If no percentages are indicated, benefits wi	ill be divided equally be	etween all prim	ary beneficiarie	es.	
ontingent Beneficiary(ies) (applicable onl	ly if you are not survive	ed by one or mo	re primary ben	eficiaries)	
ıll Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number	
If no percentages are indicated, any benefication on tingent beneficiaries.	ts payable to contingen	t beneficiaries v	will be divided	equally between all	
This beneficiary designation revokes all I Unless you indicate otherwise, if any ben the surviving beneficiaries of the same class If no beneficiary (primary or contingent) policy.	neficiary predeceases yo ass (primary or conting	ou, that benefici ent).	ary's share wil	_	
Date Signature of Insu	rad				