

KENT COMPANIES, INC.
GROUP LIFE INSURANCE BENEFICIARY DESIGNATION

Employee Name (print) _____

Primary Beneficiary

I hereby designate the following beneficiary who shall be entitled to receive any benefits due in the event of my death.

Beneficiary Name _____

Address _____

Relationship _____

Contingent Beneficiary

If the primary beneficiary designated above predeceases me, I hereby designate the following beneficiary who shall be entitled to receive any benefits due in the case of my death.

Beneficiary Name _____

Address _____

Relationship _____

Employee Signature _____ Date _____