TRIBUTE PLAN

The Doctors Company
TDCGROUP

The Doctors Company Tribute Plan
Beneficiary Designation

INSTRUCTIONS

To designate a Tribute® Plan beneficiary or to change your existing beneficiary designation, complete all applicable sections of this form. Return it to your agent or scan and email it to Tribute@thedoctors.com.

☐ Initial Designation ☐ Change of Designation

SECTION A: MEMBER INFORMATION

Last Name _____ Date of Birth (MM/DD/YYYY) _____

First Name _____ Social Security No. _____

Policy No. _____ Marital Status ☐ Single/Divorced ☐ Married

Practice Name _____

Practice Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

SECTION B: BENEFICIARY DESIGNATION

This designation will apply to the Tribute balance for the above Tribute Plan participant. You must designate a specific percentage for each beneficiary. Shares must be whole percentages and total 100 percent. If you do not indicate shares, benefits will be split equally among surviving beneficiaries. If additional space is needed to designate multiple beneficiaries, attach a separate sheet of paper that includes your name and Social Security number. If the named beneficiary is a trust, please specify the name and date of the trust, and the name of the trustee.

PRIMARY BENEFICIARY(IES) *Will receive Tribute balance in the event of your death.*

Beneficiary Name(s):		Relationship:	Share of Balance (%):
Address:			
Social Security No.:			
Phone No.	Email Address:		
		TOTAL	**100%**

CONTINGENT BENEFICIARY(IES) *Will receive Tribute balance if no primary beneficiary is living at the time of your death.*

Beneficiary Name(s):		Relationship:	Share of Balance (%):
Address:			
Social Security No.:			
Phone No.	Email Address:		
		TOTAL	**100%**

SECTION C: MEMBER SIGNATURE

I certify that the information provided on this form is correct and complete.

X _____ _____

Member Signature Date