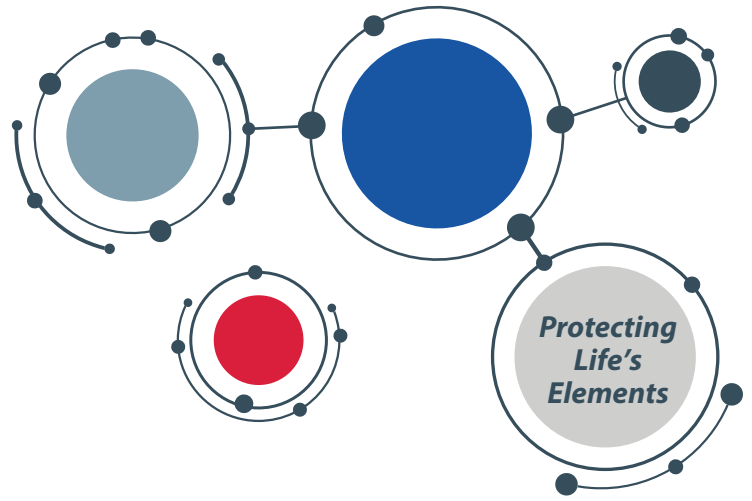


Enrollment Form

Welcome New ACS Member

To accept this offer, simply fill out and send us the Enrollment and Beneficiary form below and we'll send your Certificate of Insurance. Send the completed enrollment form to:

ACS Insurance Plan Administrator
1200 E. Glen Ave., Peoria Heights, IL 61616



YES! I am a new member of ACS who joined the association within the past 12 months. I accept one year of \$25,000 of ACS Group Term Life Insurance and \$15,000 of ACS Group High-Limit Accidental Death and Dismemberment Insurance at no cost to me.*

Full Name	Date of Birth	ACS Member ID#	ACS Member Effective Date
Street Address	City	State	Zip
Home Phone	Work Phone	Email (For internal use only. Email address will never be sold or shared.)	

*I understand the Term Life Trust Fund will fund this complimentary insurance for the first 12 months.

BENEFICIARY DESIGNATION

Instructions:

Type or print clearly in ink. Complete fully and send this form to the Plan Administrator for recording in accordance with the group policy. Please initial and date any corrections made to the form.

Name of Association: AMERICAN CHEMICAL SOCIETY
Group Policy # G-29200-0

INSURED MEMBER'S NAME

ACS MEMBER ID #

I hereby designate the person or persons below as beneficiary for the life insurance specified above revoking any other beneficiary designation and optional method of settlement election for such insurance, such change to be effective in accordance with the terms and conditions of the group policy.

1. PRIMARY: _____% or CONTINGENT

NAME SOCIAL SECURITY #

ADDRESS RELATIONSHIP

2. PRIMARY: _____% or CONTINGENT

NAME SOCIAL SECURITY #

ADDRESS RELATIONSHIP

SIGNATURE OF INSURED MEMBER DATE

Popular Beneficiary Designations:

A married woman should be designated by her first name, middle initial, and last name. For example Mary J. Smith, not Mrs. Thomas A. Smith.

If your beneficiary is not related to you by blood or marriage, "business associate," "partner," or other economic relationship should be inserted; otherwise, insert "non-relative."

1. One beneficiary only: Mary J. Smith, wife

2. Two or more beneficiaries, equal amounts: William S. Smith, father, Alice C. Smith, sister, and, Richard B. Smith, brother, equally or to the survivors equally, or to the survivor

3. Unequal amounts: 50% to Mary J. Smith, wife, and 25% each to Alice C. Smith, sister and Richard B. Smith, brother, the share of any deceased beneficiary to be paid in equal shares to the survivors, or to the survivor

4. Primary and contingent beneficiary: Mary J. Smith, wife, if living; otherwise the children born of the marriage of the insured to Mary J. Smith, equally, or equally to the survivors, or to the survivor

5. Trustee beneficiary: The Trust Company of Smith, Illinois as trustee under a Trust Instrument dated December 29, 1967

