- 1. Go to www.standard.com/bendes
- 2. Click on Need a Login?



3. Type in your **Social Security Number, Company Key** and **Date of Birth**. Your company key is: **standardbendes**. The company key is case sensitive and will be pre-filled. Click **Continue**.

Info	eSignature	Create	Confirm	Login
Employee ID			Info	
or			All fields are required.	
Social Security Number	123-45-6789		Please contact the service cen bave questions	ter at 866-623-0622 if you
Company Key	standardbendes		nave questions.	

4. Read through the Electronic Signature notification and click **Yes** then **Continue** to move forward.

Electronic Signature Please read the following information. After you have read the information either accept or decline the agreement by clicking on the appropriate button below. If you agree, you will be directed to the next step. If you decline, you will be returned to the login page and will have to contact your benefits administrator to enter the system.
By clicking "I Agree" below, I here by consent to the use of Electronic Signatures as my formal acceptance of all electronic records covered by the Electronic Signatures in Global and National Commerce Act of 2000 (ESIGA) which includes documents, forms, account applications, electronic trade confirmations, statements, agreements, and prospectuses. I also consent to receive certain employee benefit plan information through electronic media. I understand it may be necessary for me to inform the company if my email address changes or if I prefer to receive the communication at a different email address. I also understand that I may withdraw this consent at any time by completing a similar form stating I no longer consent to electronic communication. In addition, I understand that I may request a paper version of the electronically furnished documents free of charge if I am unsuccessful at printing the document.
Do you agree? Yes No
Continue >

5. Create your **User Name** and **Password**. Confirm your password (at least 7 characters). Select your security phrase and answer. Click **Continue**. Please make a note of your user name and password for future use.

User Name	sampleID	Create Account
Password	Strong	Below you must create a User Name and Password. The User Name must not contain any spaces and be at least 7 characters long. If the User Name you have chosen is already in use, you will be instructed to choose a different one.
Confirm Password	•••••	The Password must also be at least 7 characters and contain no spaces. A combination of numbers and letters is required for your Password. In addition, please select a security phrase and
Security Question	What is your mother's maiden n	complete the answer to this question in the space provided. This will be used if you forget your password and need assistance in recovering it.
Answer	businessolver	Note: Your User Name, Password, and Answer to the Security Phrase are case sensitive. You must enter your information in the correct case when accessing the site in the future.
		Continue

6. Login with your new **User Name** and **Password** that you just created in step 5 above. Click **Login**.



7. Select Start Here to begin your designation.

TheStandard	Welcome Sample Employee Change My Password Message Center Personal Documents	Log Out Help
Home Benefits Reference Center	r	
SMU. TEST T	Welcome Welcome to The Standard's Beneficiary Designation Site for employeneficiary designations please click on the Green 'Start Here' bu For technical questions on using the system to designate beneficiary	oyees of SMU. To add, change, or remove tton. aries, please call 1-866-623-0622.
	EST TE START HERE Beneficiary Update	ST TE
	To access your beneficiary designation, please of	lick the button above.
8. Select Start Change.		
Beneficiary Designation Welcome to The Standard's online beneficiary your Primary and Contingent Beneficiaries. A Primary Beneficiary is the person(s) or enti benefits should your Primary Beneficiary(ies) of These designations will apply to the following of insurance, Voluntary Accidental Death & Dism living, or as provided under your Employer's co The designations you make revokes all prior de Benefits are only payable to a Contingent Bene- If a minor or your estate is the Beneficiary, it m be paid. You have the right to change your Beneficiary	A designation site. Here, you may designate an individual, trust or other entit tity(ies) to receive benefits upon your death. A Contingent Beneficiary is the predecease your Contingent Beneficiary(ies). coverages if available through your employer: Life insurance, Life with Accid nemberment insurance and Supplemental Life Insurance. Dependents Insur overage under the Group Policy(ies). designations and is subject to the terms of the Group Policy(ies). heficiary(ies) if the Primary Beneficiary(ies) predecease your Contingent Ben may be necessary to have a guardian or a legal representative appointed by a Designation at any time. You should periodically review your designation to	y (e.g. an organization, your estate) as a person(s) or entity(ies) to receive ental Death & Dismemberment ance, if any exists, is payable to you, if eficiary(ies). the court before any death benefit can ensure it is up to date.
Click "Start Change" to begin.		

Note: You must click "I agree" at the end of the process for your beneficiary designations to become effective

START CHANGE 🗲

9. Click Add Beneficiary to add one or multiple persons or trust(s).

Basic Life Designation	
Sample Spouse Edit 🖍	Primary Contingent None
Add Beneficiary	Primary Total: 100% (
Supplemental Life Desig	ination
Sample Spouse Edit 🖍	Primary Contingent None
Add Beneficiary	Primary Total: 100% (
Accidental Death and D	smemberment Designation
Sample Spouse Edit 🖍	Primary Contingent None
Add Beneficiary	Primary Total: 100% (

10. Enter beneficiary information and click **Save Changes**. Repeat to add additional beneficiaries.

r

Beneficiary Informa	ation	X
Please enter or update the f	ollowing information. n-Person (Trust) Please Select One +	
First Name:		
Middle Name:		
Last Name:		
Social Security Number:	123-45-6789	
Date of Birth:	MM/DD/YYYY	
Address 1:		
Address 2:		
City:		
State:	Please Select One *	
ZIP:		
Home Phone:	555-555-1234	
Work Phone:	555-555-1234	
	Save Changes Cance	a

11. Select your primary and contingent beneficiary(s). Please note, your primary designation must equal 100% and your contingent designation must equal 100%. Click **Next**.

Basic Life Designation		
Sample Spouse 🛛 🛃	Primary Contingent None	100 %
Add Beneficiary		Primary Total: 100% 🤇
Supplemental Life Desig	nation	
Sample Spouse Edit 🗡	Primary Contingent None	100 %
Add Beneficiary		Primary Total: 100% 🄇
Accidental Death and Di	smemberment Designati	on
Sample Spouse 🛛 Edit 🗡	Primary Contingent None	100 %
🕲 Add Beneficiary		Primary Total: 100% 🄇
< Previous	NEXT 🗲	

12. Review your designation(s). If you need to edit your designations, click the Edit link. Click **Approve** to continue.



*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval.

APPROVE >

13. Confirm your designation by clicking **I Agree**. You have not completed your designations until you click I Agree.

TEST TEST Confirmation	
By clicking "I Agree", I understand that:	
This designation revokes all prior designations and is subject to the terms of the Group Policy(ies	NT TEST TE
Benefits are only payable to a Contingent Beneficiary(ies) if the Primary Beneficiary(ies) predece	ease my Contingent Beneficiary(ies).
If a minor or my estate is the Beneficiary, it may be necessary to have a guardian or a legal repre paid.	esentative appointed by the court before any death benefit can be
By designating beneficiaries online, I am making an electronic signature and acknowledge that I	understand that I am making a binding election.
Click the 'I Agree' button to confirm your agreement.	
< I Disagree	Beneficiary Designation
	I AGREE 🗲
	T TEST TE
*Total employee cost represents the total approved cost of benefits included on the summary. Other bene	fits not displayed are not included.
The information submitted may be subject to further review and/or approval.	

14. You can access and print a copy of your beneficiary designation(s) by selecting **Benefits** from the menu bar and then **Beneficiary Summary**.

TheStandard	Welcome Sample Employee Change My Password Message Center Personal Documents	Log Out ł	Help
Home Benefits Reference	e Center		
Beneficiary Summary			
Beneficiary Update			
Close Menu			
Transaction Comple	EST TES	Confirmation Number	F.
Your information has been submitted Select Home to return to your benefi	i. Is home page or Log Out to end this session.	2317835841 Print Send to Message Center	E
Thank You.			

15. Return Home and/or Logout.