ALLIANT ENERGY

GROUP LIFE INSURANCE BENEFICIARY DESIGNATION

INSTRUCTIONS: 1. Print out form and complete by hand.
2. Send completed original to Total Compensation Dept. - Madison. Please keep a copy for your records.

Employee ID No.	Name (Last, First, M.I.)	Effective Date

I hereby make the below nominations of beneficiary with respect to the Group Insurance Program (hereby revoking prior nominations for such insurance, if any) still reserving for myself the privilege of making other and further changes subject to the Policy provisions. Benefits will be paid to the primary beneficiary, if he or she survives. If the primary beneficiary does not survive, the benefits will be paid to the contingent beneficiary.

BENE NO.	PRIMARY BENEFICIARY DESIGNATION	REL. TO EMP.	BENEFICIARY BIRTHDATE	PERCENT OF BENEFIT
1				
2				
3				
4				
5				
	CONTINGENT BENEFICIARY DESIGNATION			
1				
2				
3				
4				
5				

RELATIONSHIP CODES

A - Aunt
B - Brother
C - Cousin
D - Daughter
E - Estate of insured
F - Father
G - Grandchild
H - Husband
M - Mother
N - Nephew/Niece
O - Other
P - Grandparent
R - Sister
S - Son
T - Trustee
U - Uncle
*** V -** All surviving children
W - Wife
X - Divorced spouse
Y - Stepchild

***** This code may be used instead of listing each individual child.

Employee Signature	Date

ROUTING: **ORIGINAL -** Total Compensation Dept. - Madison **ORIGINATOR -** Keep one copy for your records