

BENEFICIARY DESIGNATION FORM (Accident and Group Term)

Group/Association Name or Policy Number(s) _____ Member ID No. _____

_____/_____/_____ Male Female

Name of Insured Member _____ Alternate Name _____ Insured Member Date of Birth _____

Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____

Phone Number _____ Email (Please provide for faster service) _____

GROUP TERM BENEFICIARY INFORMATION

Name of Beneficiary _____ Date of Birth _____ Relationship _____

Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____

Name of Beneficiary _____ Date of Birth _____ Relationship _____

Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____

Accidental Death Beneficiary Information [] Keep beneficiary(ies) designation(s) the same for the Group Term coverage above.

Name of Beneficiary _____ Date of Birth _____ Relationship _____

Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____

Name of Beneficiary _____ Date of Birth _____ Relationship _____

Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____

I designate the person(s) on this form as my beneficiary(ies) to receive any payment from the association policy(ies) shown above. I fully understand that this designation of beneficiary(ies) applies to the full Death Benefit Amount(s) for the coverage(s) in force.

Insured Member's Signature _____ Date _____