

ACCIDENTAL DEATH BENEFICIARY DESIGNATION FORM

United Family Association Series #ACC164-165, ACL164 series

Group/Association Name or Policy Number _____ 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) _____

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) _____

% _____ 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 or policy number shown above. I fully understand that this designation of beneficiary(ies) applies to the full Accidental Death Benefit Amount that is in force.

_____ / / _____
 Insured Member's Signature _____ Date _____