

BENEFICIARY DESIGNATION FORM For Accidental Death and Group Term Life policy benefits

National Consumers Protection Plan (ACL0000198)

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 _____