

ACCIDENTAL DEATH BENEFICIARY DESIGNATION FORM

Evolution Benefits Association (ACL138)

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