## UNITED STATES LETTER CARRIERS MUTUAL BENEFIT ASSOCIATION



**Policy Owner's Signature** 

100 Indiana Avenue, N. W. Suite #510 Washington, D.C. 20001-2144 (202) 638-4318

## **DESIGNATION OF BENEFICIARY (IES)**

The beneficiary (ies) is the person (s) to which the death benefit proceeds will be paid, upon the death of the insured. If you wish to designate a specific beneficiary on your MBA policy, please complete, sign and date this form and return it to our office. If more space is needed please use the back of this form.

		beneficiary (ies) to receive the amount which		
<u>ame</u>	Keiauonsnip	Mailing Address City/ State/ Zip Code	Social Security Number	<u>DOB</u>
ne primary b	peneficiary (ies) pre	-decease the Insured, then I hereby designat	e the following person (s) to	be conti
eficiary (ies		, , , , , , , , , , , , , , , , , , , ,	<u> </u>	
<u>me</u>	Relationship	Mailing Address City/ State/ ZipCode	Social Security Number	<b>DOB</b>

**Date**