

## ACCIDENTAL DEATH BENEFICIARY DESIGNATION FORM

Evolution Benefits 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