

BENEFICIARY DESIGNATION FORM

For Accidental Death and Group Term Life policy benefits

Evolution Benefits Association (ACC/ACL176 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)

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Phone Number

Email (Please provide for faster service)

BENEFICIARY INFORMATION

%	Name of Beneficiary	Date of Birth	Relationship
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Address (Street)	(City)	(State)	(Zip Code)
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%	Name of Beneficiary	Date of Birth	Relationship
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Address (Street)	(City)	(State)	(Zip Code)
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%	Name of Beneficiary	Date of Birth	Relationship
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Address (Street)	(City)	(State)	(Zip Code)
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%	Name of Beneficiary	Date of Birth	Relationship
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Address (Street)	(City)	(State)	(Zip Code)
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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