

Beneficiary Designation Form

Print or Type

Underwritten by: (check one)

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Insured's Name _____
First Middle Last

Date Employed _____
Month Day Year

Death Benefits Paid to: _____
First Middle Last

Relationship _____

Policyholder _____

Name of Employer (if other than Policyholder) _____

Policy Number _____

Insured's Signature

Date

If no beneficiary is designated, benefits will be paid in accordance with the policy provisions. The Company acknowledges receipt of this form, but does not accept any responsibility for its validity or legal effect.