

# ASSOCIATION DEATH BENEFICIARY DESIGNATION FORM

Association Name Here: United Family Association (UFA) ACC174-5, ACL174 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 Death Benefit Amount that is in force.**

\_\_\_\_\_ / / \_\_\_\_\_  
 Insured Member's Signature \_\_\_\_\_ Date \_\_\_\_\_