



UNITED STATES LETTER CARRIERS MUTUAL BENEFIT ASSOCIATION
 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. Then return it to our office.

ONLY THE OWNER OF THE POLICY MAY DESIGNATE A BENEFICIARY

I, _____, hereby revoke any prior designation of beneficiary(ies) under the United States Letter Carriers Mutual Benefit Association, **Policy Number** _____, and designate the following person (s) to be primary beneficiary(ies) to receive the amount which is payable upon the Insured's death:

<u>Name</u>	<u>Relationship</u>	<u>Mailing Address City/State/ZipCode</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the primary beneficiary(ies) pre-decease the Insured, then I hereby designate the following person(s) to be contingent beneficiary(ies).

<u>Name</u>	<u>Relationship</u>	<u>Mailing Address City/State/ZipCode</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If none of the above named beneficiary(ies) survives the Insured, then death benefits shall be distributed as outlined in the MBA application initially completed by me.

I understand I may add or change beneficiary(ies) at any time by completing and delivering a new form.

Owner of Policy's Signature

Date