



UNITED STATES LETTER CARRIERS MUTUAL BENEFIT ASSOCIATION
100 Indiana Avenue, N.W. Suite #510
Washington, D.C 20001-2144
(202) 638-4318

CHANGE OF BENEFICIARY: NON-QUALIFIED DEFERRED ANNUITY

Owner Information

Non-Qualified Deferred Annuity Policy Number: _____

Name _____	Social Security Number _____	Date of Birth _____
Address _____	Home Phone Number _____	Daytime Phone Number _____
City/State/Zip Code _____		

New Beneficiary Information

Primary Beneficiary		<input type="checkbox"/> Primary Beneficiary	<input type="checkbox"/> Contingent Beneficiary
Name _____	Relationship _____	Name _____	Relationship _____
Social Security Number _____	Date of Birth _____	Social Security Number _____	Date of Birth _____
Address _____		Address _____	
City/State/Zip Code _____		City/State/Zip Code _____	
<input type="checkbox"/> Primary Beneficiary	<input type="checkbox"/> Contingent Beneficiary	<input type="checkbox"/> Primary Beneficiary	<input type="checkbox"/> Contingent Beneficiary
Name _____	Relationship _____	Name _____	Relationship _____
Social Security Number _____	Date of Birth _____	Social Security Number _____	Date of Birth _____
Address _____		Address _____	
City/State/Zip Code _____		City/State/Zip Code _____	

I, the undersigned Non-Qualified Deferred Annuity Owner, hereby designate the above as my beneficiary(ies). If primary or contingent is not indicated, primary will be assumed. Unless otherwise requested herein, each payment made pursuant to this designation: (a) shall be paid in equal shares to the primary beneficiary(ies) who are living at the time of my death; or (b) if no primary beneficiary(ies) shall be living at the time of my death, such payment shall be made in equal shares to the contingent beneficiary(ies) who are then living. I have the right to change this designation at any time.

Signatures

I authorize the financial institution named above to make the changes indicated. This beneficiary designation supersedes any and all prior beneficiary designations by the Non-Qualified Deferred Annuity Owner. I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied on by the Trustee/Custodian. I agree to seek the advice of a legal or tax profession, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility. I will not hold the Trustee/Custodian liable for any adverse consequences that may result.

Signature of Non-Qualified Deferred Annuity Owner _____	Date _____	Authorized Signature of Trustee/Custodian _____	Date _____
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