

ACCIDENTAL DEATH BENEFICIARY DESIGNATION FORM

Heartland Alliance of America #140-141 Series

Group/Association Name or Policy Number		Member ID No.			
		/ /		<input type="checkbox"/> Male <input type="checkbox"/> 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 Accidental Death Benefit Amount that is in force.

Insured Member's Signature	/ /
	Date