

Life /Accidental Death Beneficiary

Instructions: Fill out and return this form to Bethany Benefit Service.

I am currently enrolled in life/accidental death insurance through Bethany Benefit Service.
Please assign my life/accidental death benefit to the following beneficiary(ies).

1. YOUR INFORMATION

Name: _____ SSN: _____

2. LIFE INSURANCE PRIMARY BENEFICIARY(IES)

Full name: _____ SSN: _____ Percentage received _____%

Mailing Address: _____ Relationship _____

Full name: _____ SSN: _____ Percentage received _____%

Mailing Address: _____ Relationship _____

3. LIFE INSURANCE CONTINGENT BENEFICIARY(IES)

Full name: _____ SSN: _____ Percentage received _____%

Mailing Address: _____ Relationship _____

Full name: _____ SSN: _____ Percentage received _____%

Mailing Address: _____ Relationship _____

Full name: _____ SSN: _____ Percentage received _____%

Mailing Address: _____ Relationship _____

4. AUTHORIZED SIGNATURE

Signature: _____ Date: ____ / ____ / ____