

# ASSOCIATION DEATH BENEFICIARY DESIGNATION FORM

United Business Association (UBA)

---

Group/Association Name or Policy Number \_\_\_\_\_ Member ID No. \_\_\_\_\_

/ /

Name of Insured Member \_\_\_\_\_ Alternate Name \_\_\_\_\_ Insured Member Date of Birth \_\_\_\_\_  Male  Female

---

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