

For MBA Office only



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

REQUEST FOR CHANGE OF BENEFICIARY
GROUP INSURANCE POLICY #G-001

BENEFICIARY DESIGNATION**

Instructions: Type or print (in ink) your Beneficiary Designation(s) below. Have this form notarized. Mail the completed form to the above address. A copy will be returned to you for your records.

Name of Beneficiary(ies)	Address	Relationship to Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Full Name of Insured

Social Security Number

Address

Signature of the Insured

Notary

**** Note: Use this form for the Group Accidental Death Policy G-001 only. Do not use this form for your individual MBA life insurance policies.**