

The
United States Life
Insurance Company in the city of New York

Name: _____ Date: _____
Address: _____ Credit Union Name: _____
City: _____ ST _____ Zip _____ Account Number: _____

BENEFICIARY FORM **Accidental Death & Dismemberment Insurance**

UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK is requested to record the following beneficiary designation. I hereby designate the person identified below as the beneficiary, revoking any other beneficiary designation and optional method of settlement election, such change to be effective in accordance with the terms and conditions of the group policy.

Insured's Beneficiary

Name: _____
Address: _____
City: _____ ST: _____ Zip: _____
Social Security #: _____
Relationship: _____

Contingent Beneficiary (as needed)

Name: _____
Address: _____
City: _____ ST: _____ Zip: _____
Social Security #: _____
Relationship: _____

Member's Signature: _____ **Dated:** _____

Please retain a copy of this form for your records.

For Office Use Only
The requested change is complete and recorded on behalf of United States Life Insurance Company
in the City of New York and a copy returned for your files.
By: _____ Date: _____