

beneficiary designation

Zurich American Insurance Company



Name (last, first, middle initial) _____

Address _____

Name of policyholder _____

Policy number _____

THIS SUPERCEDES AND REVOKES ANY PREVIOUS DESIGNATION FOR LOSS OF LIFE UNDER THE ABOVE GROUP ACCIDENT POLICY.

Beneficiary name
(last, first, middle initial) _____

Relationship _____

Signature _____ Date _____

Records use only

Cert. No. _____ Class _____ Date _____