

Designation of Beneficiary Card

In accordance with the terms of my membership, I, _____ hereby request that
(Please Print)
any accidental loss of life benefits which may become payable under my membership upon my death be paid to the
following, whom I designate as my beneficiary.

(Name)

(Relationship)

This beneficiary designation cancels and supersedes all previous revocable ones.

(Signature of Eligible Insured Person)

(Address)

(Date)

(City)

Missouri

(Zip Code)

(Home E-Mail Address)

(To be returned to Chapter 4 Secretary/Treasurer of the Chapter.)

Chapter 4 - Transportation Employees' Association of Missouri



<http://moshea.org/>

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