

Beneficiary Designation Travel Accident Insurance Letter Template

PLEASE PRINT

Name of Policyholder: U.S. Bank National Association ND Policy Number: SRG 9012411/SRG 9102412

Name of Insured: _____

Social Security Number: _____

Address: _____

Company Name: _____

Beneficiary Name: _____

Relationship: _____

Address: _____

Date: _____

Signature of Insured: _____

Form No. 3000198USBND UNDERWRITTEN BY NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Pertaining to this plan of insurance, any beneficiary(ies) previously designated by the insured will remain noted as the beneficiary(ies). If no beneficiary(ies) is designated or if no beneficiary is living on the date of the Insured Person's death, the death benefit will be paid to the first surviving beneficiary in the following order: a) the Insured Person's spouse; b) the Insured Person's children; c) the Insured Person's parents; d) the Insured Person's brothers and sisters; or e) the Insured Person's estate. If you wish otherwise, complete this form and return it to:

Robinson International
208 South LaSalle Street
Suite 2060
Chicago, Illinois 60604