



BENEFICIARY DESIGNATION FORM – Chubb Group of Insurance Companies

Active Member Program

Name (Print) _____
Last _____ First _____ Initial _____

Date Employed _____
Month _____ Day _____ Year _____

- 1) Death Benefits To Be Paid To _____ Amount or Percentage _____
Relationship to Policyholder _____
- 2) Death Benefits To Be Paid To _____ Amount or Percentage _____
Relationship to Policyholder _____
- 3) Death Benefits To Be Paid To _____ Amount or Percentage _____
Relationship to Policyholder _____
- 4) Death Benefits To Be Paid To _____ Amount or Percentage _____
Relationship to Policyholder _____
- 5) Death Benefits To Be Paid To _____ Amount or Percentage _____
Relationship to Policyholder _____

Policyholder: **Town of Upton**

Name of Employer (if other than Policyholder) _____

Policy Number: _____

Signature of Insured Date

If no beneficiary is designated, benefits will be paid in accordance with the policy provisions. The company acknowledges receipt of this form, but does not accept any responsibility for its validity or legal effect.

(6/11)