



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)