Reset Form

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SAMBA
FEDERAL EMPLOYEE BENEFIT ASSOCIATION

SAMBA TERM LIFE INSURANCE
Beneficiary Designation Form

Policy: 67763-9

Mail or fax completed form to: SAMBA, 11301 Old Georgetown Road, Rockville, MD 20852-2800 • 1-800-638-6589 • Fax (301) 816-0191

MEMBER INFORMATION (Type or print clearly)			
Last Name	First Name	Middle Initial	Member ID/Social Security No.

BENEFICIARY INFORMATION

I request that the beneficiaries under the policy/certificate be changed as indicated below. Unless otherwise provided in this request, if two or more primary beneficiaries are named, the proceeds shall be paid in equal shares to the named primary beneficiaries if surviving the member. If no primary beneficiaries survive, the proceeds shall be paid in equal shares to the named contingent beneficiaries, if any. If no beneficiary survives, payment shall be made according to the terms of the policy. The right of the owner to change the beneficiary hereafter is reserved.

Primary Beneficiary: The person designated to receive insurance proceeds when they become due.

Contingent Beneficiary: (Also referred to as a secondary beneficiary.) An alternate beneficiary designated to receive insurance proceeds if there is no eligible primary beneficiary.

PRIMARY BENEFICIARY(IES): (In equal shares or as designated below.)

Full Name and Address (Type or print clearly)	% of Proceeds	Relationship to Insured	Date of Birth
TOTAL	**100%**		

As shall then be living, and if no such beneficiary is then living
CONTINGENT BENEFICIARY(IES): (In equal shares or as designated below.)

Full Name and Address (Type or print clearly)	% of Proceeds	Relationship to Insured	Date of Birth
TOTAL	**100%**		

Note: The member is the beneficiary for spouse and child(ren) coverage

AUTHORIZATION AND ACKNOWLEDGEMENT

Please refer to the Certificate for all plan details, including any exclusions, limitations and restrictions which may apply.

✓ Signature Required

Member Signature Date

Member Address City State ZIP

✓ Signature Required

Irrevocable Beneficiary(ies) Signature(s) (if any) Date

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