



Instructions: Complete, sign, and date form, then mail to:

Willamette Valley FOP Lodge 7
PO Box 1507
Rainier, OR 97048

BENEFICIARY DESIGNATION FORM – Chubb Group of Insurance Companies

Active Member Name (Print) _____
Last First Initial

Date of Birth _____ Male / Female SS# _____
Month Day Year Circle Option

Address _____

City/State/Zip _____

- 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 _____

Active Member Beneficiary Designation: _____

BENEFICIARY DESIGNATION EXAMPLES *

- 1. One beneficiary only: Mary J . Smith, wife.
- 2. Primary and contingent beneficiary: Mary J. Smith, wife, if living; otherwise the children born of the marriage of the insured to Mary J. Smith equally, or equally to the survivors, or the survivor.
- 3. Two or more beneficiaries, equal amounts: William S. Smith, father Alice C. Smith, sister, and Richard B. Smith, brother equally or to the survivors equally, or to the survivor.
- 4. Unequal amounts: 50% to Mary J. Smith, wife and 25% each to Alice C. Smith, sister, and Richard B. Smith, brother, the share of any deceased beneficiary to be paid in equal shares to the survivors, or o the survivor.

* If your beneficiary is not related to you insert "non-relative".

Policyholder: **Willamette Valley Lodge 7**

Name of Your Employer (if other than Policyholder) _____

Policy Number: **9906-91-74**

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.