

**Notice of Change
Of Beneficiary Form**

Member Name: _____
Member Identification/SSN: _____
Member Address: _____
Member Email: _____ Member Phone: _____
 Married Single Divorced Widowed

Marital Status

**How Do I Change My
Beneficiary?**

I hereby request the following changes in connection with all my life insurance under policies issued to THE MILITARY BENEFIT ASSOCIATION under Group Policy Number GPO1. Please fill in the full given name(s) and relationship(s) of each beneficiary.

You may name one person or several to share equally as the PRIMARY beneficiary and as the CONTINGENT beneficiary in the event of the death of the PRIMARY. However, you may not name the same person(s) as both PRIMARY and CONTINGENT.

Please Note:

If you want to name a TRUST as your beneficiary, please furnish the Association with the exact name and date of the Trust Agreement. We cannot accept a Trustee as a beneficiary unless a legal trust agreement has already been established. **Informal Trusts may not be named.**

If you list more than one primary or contingent beneficiary, you may list them to share the death benefit equally, or you may give each a percentage to equal 100% (**dollar amounts are not acceptable**).

Your signature cannot be witnessed by any of your named beneficiaries. It must be witnessed by an impartial party.

IMPORTANT NOTICE: In the event that either the Primary or Contingent Beneficiary section is left blank, it will read Member's Estate.

**Primary
Beneficiary(s)**

Full First and Last Name(s) of
Proposed Primary Beneficiary: _____
Relationship to Member: _____
Date of Birth: _____
Address: _____

**Contingent
Beneficiary(s)**

Full First and Last Name(s) of
Proposed Contingent Beneficiary: _____
Relationship to Member: _____
Date of Birth: _____
Address: _____

Change MY Name to:

From: _____
To: _____
Reason for change: _____

**This Form must be
Signed, Dated, and
Witnessed before
you return it to us
for recording.**

Signature of Member: _____
Signature of Witness: _____
Date Signed/Witnessed: _____
Name of Witness (please print): _____

– DO NOT COMPLETE THIS SECTION–
For Administrative Use Only

Changes recorded by: _____

Date Recorded: _____

Please return to: MBA, 14605 Avion Parkway, Po Box 221110 Chantilly VA 20153-1110
Or Fax: 703-968-6423