

**Designation of Beneficiary for Accidental Death and Dismemberment Policy**

Member's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Policyholder: American Federation of Teachers, AFL-CIO

Policy No.: M 0800031/0000A Aegon Insurance Company

Name of Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

(REQUIRED)

THIS CARD, WHEN COMPLETED, IS TO BE RETAINED BY THE LOCAL UNTIL  
COVERAGE UNDER THE POLICY TERMINATES WITH RESPECT TO THE NAMED  
MEMBER, UNLESS SOONER CHANGED OR REVOKED BY SUCH MEMBER.

/bjl  
opeiu2/aflcio

