



MOUNTAIN LIFE INSURANCE COMPANY
P.O. BOX 240, ALCOA, TN 37701
PHONE: 800-888-6542

BENEFICIARY DESIGNATION / CHANGE OF BENEFICIARY
GROUP ACCIDENTAL DEATH INSURANCE

NAME OF MEMBER (FIRST, MIDDLE, LAST)	ACCOUNT NUMBER	
NAME OF NEW BENEFICIARY _____	RELATIONSHIP _____	PERCENTAGE _____
GROUP POLICY HOLDER	POLICY NUMBER	
SIGNATURE OF MEMBER	DATE SIGNED	

This change will be effective on the date of member's signature when received by the Group Policy Holder.

If more than one person is designated as beneficiary and their respective interests are not specified, they will share equally.

This Beneficiary Designation / Change of Beneficiary shall serve to revoke all previously named beneficiaries by the member under the Master Policy.

DATE RECEIVED	GROUP POLICY HOLDER	RECEIVED BY (SIGNATURE)
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Group Policy Holder is to retain this document in Member's File.