United Business Association
409 W Vickery Blvd | Fort Worth, TX 76104
phone: 800-964-8331
817-332-6234 - fax # 1 | 817-335-1270 - fax # 2

GROUP MEMBER BENEFICIARY CHANGE FORM

GROUP POLICY INFORMATION

Group Policyholder's Name	Group Policy Number
UNITED BUSINESS ASSOCIATION	4G0400

MEMBER INFORMATION

Name (First, Middle Initial, Last)	Member ID Number
Mailing Address	Daytime Phone Number

INSTRUCTIONS

1. The following changes are for the Member Only. The Member is the beneficiary for Dependent Spouse Life Insurance.
2. It is important to complete each and every item for each beneficiary to insure we are able to contact each beneficiary should a claim occur.
3. Use additional form if more beneficiary designations are being requested.
4. Once this form is completed and signed/dated, mail or fax to United Business Association, above.

CHANGE MEMBER'S BENEFICIARY(IES) TO THE FOLLOWING:

1. BENEFICIARY ☐ Primary ☐ Contingent

Name (First, Middle Initial, Last)	Relationship to Member	☐ Male ☐ Female	Birth Date Month / Day / Year
Primary Mailing Address	City	State	Zip Code / % Benefit if not equal
Social Security Number/TIN Number	E-mail Address	Phone # w/ area code ☐ Home ☐ Work ☐ Mobile	

2. BENEFICIARY ☐ Primary ☐ Contingent

Name (First, Middle Initial, Last)	Relationship to Member	☐ Male ☐ Female	Birth Date Month / Day / Year
Primary Mailing Address	City	State	Zip Code / % Benefit if not equal
Social Security Number/TIN Number	E-mail Address	Phone # w/ area code ☐ Home ☐ Work ☐ Mobile	

3. BENEFICIARY ☐ Primary ☐ Contingent

Name (First, Middle Initial, Last)	Relationship to Member	☐ Male ☐ Female	Birth Date Month / Day / Year
Primary Mailing Address	City	State	Zip Code / % Benefit if not equal
Social Security Number/TIN Number	E-mail Address	Phone # w/ area code ☐ Home ☐ Work ☐ Mobile	

4. BENEFICIARY ☐ Primary ☐ Contingent

Name (First, Middle Initial, Last)	Relationship to Member	☐ Male ☐ Female	Birth Date Month / Day / Year
Primary Mailing Address	City	State	Zip Code / % Benefit if not equal
Social Security Number/TIN Number	E-mail Address	Phone # w/ area code ☐ Home ☐ Work ☐ Mobile	

If more than one beneficiary, unless noted above, settlement will be made equally to each designated beneficiary, or to the survivor or survivors. If no designated beneficiary survives the Member or if no designated beneficiary is on record, settlement will be made to the estate of the Member.

Signature of Member _____ Date Signed _____