



AUTOMOTIVE RETAILERS ASSOCIATION
Group Benefits

BENEFICIARY DESIGNATION FORM

Employee Name: _____
(Last) (First) (Initial)

Member #: _____ Policy #: _____ Account #: _____

COMPANY NAME/EMPLOYER	EFFECTIVE DATE		
	MONTH	DAY	YEAR
BENEFICIARY(S): I, (the insured), reserve the right to revoke this appointment or nomination by written notice of change. <i>{Please be sure to print family name and given name(s) and relationship}</i> :	RELATIONSHIP TO EMPLOYEE		

Signature of:

Employee: _____

Witness: _____

Date: _____

(Month / Day / Year)

Print Name: _____