



## Brotherhood's Relief & Compensation Fund

300 Sterling Parkway, Suite 105

Mechanicsburg, PA 17050

United States: (717) 657-1890 • Canada: (800) 233-7080

### GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFICIARY DESIGNATION FORM (Administered by Reliance Standard Life Insurance Company)

#### BR&CF MEMBER INFORMATION

Member No.	First Name	Last Name	MI	Date of Birth

#### BENEFICIARY INFORMATION

Beneficiary		Relationship to Member	Percentage (%) Total must equal 100%
First Name	Last Name		

This beneficiary designation form will supersede any designation currently on file, if applicable.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_

**Please complete, sign and return to the BR&CF office as soon as possible.**