

Travel Accident Insurance Beneficiary Designation Request

Instructions for Submitting this Printable Form

Important: This form cannot be submitted online but it can be mailed or faxed..

To complete this form:

Step 1: Complete form using your computer keyboard and use the tab key to move from field to field.

Step 2: Print and sign the form.

Step 3: Fax form to 416-863-0359 or mail it to: Diners Club Air Travel Accident Insurance
C/O Chubb Insurance Company of Canada
1 Adelaide Street East, Suite 1600
Toronto, Ontario M5C 2V9

Step 4: Retain a copy of the form with your important papers.

For questions concerning this form, please call: 1-800-337-2632

CHUBB INSURANCE COMPANY OF CANADA (the "Company")

DINERS CLUB BENEFICIARY DESIGNATION REQUEST

INSTRUCTIONS: Complete this form and retain a copy with your important papers

Please mail completed form to:
Diners Club Air Travel Accident Insurance
c/o Chubb Insurance Company of Canada
1 Adelaide Street East, Suite 1600
Toronto, Ontario M5C 2V9

Indicate: Original Designation
 Change of Beneficiary

Name of Diners Club Cardmember _____ Account Number _____

Address _____ City _____ Province _____ Postal Code _____

Hereby revoking any and all previous designations, I designate the person(s) on this form as my Beneficiary(ies) to receive any payment from the policy or certificate number shown above. I fully understand that this designation of Beneficiary(ies) applies to the full Accidental Loss of Life Benefit Amount that is in force.

Insured's Signature

Date

X _____

DD MM YYYY

% _____ Name of Beneficiary _____ Relationship _____

Address _____ City _____ Province _____ Postal Code _____

% _____ Name of Beneficiary _____ Relationship _____

Address _____ City _____ Province _____ Postal Code _____

% _____ Name of Beneficiary _____ Relationship _____

Address _____ City _____ Province _____ Postal Code _____

% _____ Name of Beneficiary _____ Relationship _____

Address _____ City _____ Province _____ Postal Code _____