



## Travel Accident Insurance Beneficiary Designation Request

### Instructions for Submitting this Printable Form

**Important:** This form cannot be submitted online.

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:** Mail it to: Federal Insurance Company  
15 Mountain View Road, P.O. Box 1615  
Warren, NJ 07061-1615

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

For claims or questions, please call: 1-877-764-3576



FEDERAL INSURANCE COMPANY (the "Company")

DINERS CLUB BENEFICIARY DESIGNATION REQUEST

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

Please mail completed form to:

Federal Insurance Company
15 Mountain View Road, P.O. Box 1615
Warren, NJ 07061-1615

Indicate: [ ] Original Designation
[ ] Change of Beneficiary

Policyholder: Financial Customer Insurance Trust
Policy Number: 6477-44-67

Name of Diners Club Cardmember \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip 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 MM DD YYYY

% \_\_\_\_\_ Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

% \_\_\_\_\_ Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

% \_\_\_\_\_ Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

% \_\_\_\_\_ Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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