

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 _____