

## Designation of Beneficiary Card

In accordance with the terms of my membership, I, \_\_\_\_\_ hereby request that  
(Please Print)  
any accidental loss of life benefits which may become payable under my membership upon my death be paid to the  
following, whom I designate as my beneficiary.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

This beneficiary designation cancels and supersedes all previous revocable ones.

\_\_\_\_\_  
(Signature of Eligible Insured Person)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
Missouri

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Home E-Mail Address)

*(To be returned to Chapter 9 Secretary/Treasurer of the Chapter.)*

**Chapter 9 - Transportation Employees' Association of Missouri**



<http://moshea.org/>

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In accordance with the terms of my membership, I, \_\_\_\_\_ hereby request that  
(Please Print)  
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following, whom I designate as my beneficiary.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

This beneficiary designation cancels and supersedes all previous revocable ones.

\_\_\_\_\_  
(Signature of Eligible Insured Person)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
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