



Laborers International Union of North America

National Guard Council Local 1776

THE HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY MEMBER BENEFICIARY DESIGNATION CARD

Insured Member's Name (<i>Last, First, MI</i>)					State	
Death Benefits to be paid to the beneficiary(ies) named below*						
Beneficiary Contact Information						%
Name (<i>Last, First, MI</i>)			Street Address			
Relationship	Telephone	City	State	Zip Code		
Name (<i>Last, First, MI</i>)			Street Address			
Relationship	Telephone	City	State	Zip Code		
Name (<i>Last, First, MI</i>)			Street Address			
Relationship	Telephone	City	State	Zip Code		
Name (<i>Last, First, MI</i>)			Street Address			
Relationship	Telephone	City	State	Zip Code		
*The right to change beneficiary(ies) without the consent of said beneficiary(ies) is reserved.						
Signature of Insured Member				Date		
For Office Use Only						
Policy Holder				Policy Number		

Modified Form PA-2218-5 for LIUNA NGC Local 1776 Use Only