



BENEFICIARY DESIGNATION FORM
VFW SPONSORED NO COST AD INSURANCE PLAN

Mail completed form to:
Monumental Life Insurance Company / Transamerica Financial Life Insurance Company
2700 West Plano Parkway
Plano, Texas 75075

VFW Member Number: _____

I select the following Beneficiary for policy form # A98821.

Provide the information requested below. Please print all information and sign where indicated below.

1) BENEFICIARY INFORMATION

You may select more than one beneficiary, but the total % of benefit must equal 100%.

Name of Your Beneficiary: _____

Relationship: _____ % of benefit: _____

Beneficiary's Address: _____

City: _____ State: _____ ZIP: _____

Name of Your Beneficiary: _____

Relationship: _____ % of benefit: _____

Beneficiary's Address: _____

City: _____ State: _____ ZIP: _____

2) YOUR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Insured's Signature: _____ **Date:** ____/____/____

Note: If you are married and live in a state that has community property laws (currently AZ, CA, ID, LA, NV, NM, TX, WA, WI) your surviving spouse may automatically become the beneficiary of your life insurance, unless your spouse authorizes designation of the beneficiary noted in #1 above by signing this form.

Spouse's Authorization:

Spouse's Signature: _____ **Date:** ____/____/____

Please keep a copy of this form for your records