Program Country and Name _____ Program Number _____

DESIGNATION OF BENEFICIARY FOR PEACE CORPS LIFE INSURANCE

NAME OF VOLUNTEER - Please Print	Soc. Security No.	Birth Date	
(Last) (First) (Middle)			
DESIGNATION OF BENEFICIARY OR CHANG	E OF BENEFICIARY (CHECK ONE):		
[] I desire to subscribe to the Peace Corps Life Insura receive any amount of benefits due under this polic	nce and designate the beneficiary or beneficy.	iciaries named below to	
[] I hereby cancel any designation of beneficiary prev and designate the beneficiary or beneficiaries name	riously executed by me under the Peace Cor ed below to receive any amount of benefits o	rps Life Insurance Policy due under the policy.	
<u>Given name</u> , middle initial and last name of each beneficia (If beneficiary is not a relative, please show address.	ary. Relationship	Percentage To Be Paid	
Note: You may change the designation of beneficia	ry at any time without knowledge or conser	nt of the beneficiary.	
(Date)	(Signatu	(Signature of Volunteer)	
WITNESS TO SIGNATURE (2 REQUIRED):			
(Signature of Witness)	(Addres	(Address of Witness)	
(Signature of Witness)	(Address of Witness)		
AGENCY USE ONLY: Date Rec'd	Initials	Initials	