



Brotherhood's Relief and Compensation Fund
2150 Linglestown Road
Harrisburg, PA 17110
Toll Free: (800)233-7080 Local: (717)657-1890

GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE
BENEFICIARY DESIGNATION FORM
(Administered by Reliance Standard Life Insurance Company)

BR&CF MEMBER INFORMATION

Member No.	First Name	Last Name	MI	Date of Birth

BENEFICIARY INFORMATION

Beneficiary		Relationship to Member	Percentage (%) Total must equal 100%
First Name	Last Name		

This beneficiary designation form will supersede any designation currently on file, if applicable.

Signature: _____ Date Signed: _____

E-mail: _____ Home: (____) _____ - _____ Cell: (____) _____ - _____

Please complete, sign and return to the BR&CF office as soon as possible.