National General Accident & Health

Designation/Change of Beneficiary

PLEASE PRINT AND SUBMIT COMPLETED FORM TO US

NAME OF INSURED_____ POLICY NUMBER(S) _____

☐ Designation of Beneficiary Change in

☐ Named Beneficiary

☐ Change to Beneficiary Address only

If changing a named beneficiary: I hereby revoke any previous beneficiary designation and election of settlement option and request that the proceeds be paid in one lump sum to the beneficiary or beneficiaries named below in the manner indicated:

NAMES OF BENEFICIARIES

Full Name (Last First Middle initial)	Relationship	Address (street, City, State, Zip)	Date of Birth (mm/dd/year)	Share %
			Total	100%

Unless I otherwise indicate, if more than one beneficiary is named in a classification, I agree that the Company shall make payment to them, if living, share and share alike, or to the survivors or survivor of them. The provisions below are part of this designation.

IMPORTANT INSTRUCTIONS

1. If the policy owner lives in either Arizona, California, Idaho, Washington, Louisiana, Nevada, Texas, New Mexico, or Wisconsin, because of the Community Property Laws of these states, this request should also be signed by wife, or husband, if such signature can be secured. If wife or husband is deceased, please show this information.

MY PRESENT MAILING ADDRESSIS _____

_____ _____
SIGNATURE OF INSURED DATE SIGNED

_____ _____
SIGNATURE OF WITNESS DATE SIGNED

_____ _____
SIGNATURE OF SPOUSE (if Applicable) DATE SIGNED

Recorded at the Home Office of National General Insurance

_____ _____
(Date) (Recorder)

SPECIAL PROVISIONS

If the policy form is a Dependents Plan of Life Insurance, benefits will be paid to the Insured. If the Insured is not living, the benefits will be paid to the Insured's estate.

SPECIAL INSTRUCTIONS

If the intended beneficiary is to be a trustee or a creditor, please include a copy of those documents. If a special and/or complicated beneficiary designation is desired, contact the Home Office and provide complete details concerning the desired designation.

Please retain a copy of this document for your records and send a completed copy to us by:

Mail: National General Accident & Health
PO BOX 1070
Winston Salem, NC 27102-1070

Fax: 888-344-3232

Email: memberservices@nhicadmin.com

National General Accident & Health markets products underwritten by Time Insurance Company, National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation.

NGAH-BenChange (06/2018) © 2018 National Health Insurance Company. All rights reserved.