Travel Accident Insurance Beneficiary Designation Request

Instructions for Submitting this Printable Form

Important: This form cannot be submitted online.

To complete this form:

Step 1: Complete form using your computer keyboard and use the tab key to move from field to field.
Step 2: Print and sign the form.
Step 3: Mail it to: Federal Insurance Company
15 Mountain View Road, P.O. Box 1615
Warren, NJ 07061-1615
Step 4: Retain a copy of the form with your important papers.

For claims or questions, please call: 1-877-764-3576
FEDERAL INSURANCE COMPANY (the "Company")

DINERS CLUB BENEFICIARY DESIGNATION REQUEST

INSTRUCTIONS: Complete this form and retain a copy with your important papers.

Please mail completed form to:  
Federal Insurance Company  
15 Mountain View Road, P.O. Box 1615  
Warren, NJ 07061-1615

Policyholder: Financial Customer Insurance Trust

Policy Number: 6477-44-67

Name of Diners Club Cardmember _____________________________  Account Number _____________________________

Address _____________________________________________  City _____________________________  State ______________  Zip Code ______________

Hereby revoking any and all previous designations, I designate the person(s) on this form as my Beneficiary(ies) to receive any payment from the policy or certificate number shown above. I fully understand that this designation of Beneficiary(ies) applies to the full Accidental Loss of Life Benefit Amount that is in force.

Insured's Signature _____________________________  Date _____________________________________________

% __________ Name of Beneficiary _____________________________  Relationship _____________________________

Address _____________________________________________  City _____________________________  State ______________  Zip Code ______________

% __________ Name of Beneficiary _____________________________  Relationship _____________________________

Address _____________________________________________  City _____________________________  State ______________  Zip Code ______________

% __________ Name of Beneficiary _____________________________  Relationship _____________________________

Address _____________________________________________  City _____________________________  State ______________  Zip Code ______________

% __________ Name of Beneficiary _____________________________  Relationship _____________________________

Address _____________________________________________  City _____________________________  State ______________  Zip Code ______________

% __________ Name of Beneficiary _____________________________  Relationship _____________________________

Address _____________________________________________  City _____________________________  State ______________  Zip Code ______________

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