



American Income Life - Beneficiary Card

\$4,000 Member Accidental Death & Dismemberment Benefit



AMERICAN INCOME LIFE
insurance company

NAME: LAST FIRST MIDDLE

YOUR DATE OF BIRTH

ADDRESS

YOUR HOME PHONE

CELL PHONE

CITY STATE ZIP CODE

BENEFICIARY

Yes, I want Child Safe Kits for my family. # of Kits requested: _____

RELATIONSHIP

Bargaining Unit: BU2 BU3 BU4 BU6 BU8 BU9 BU13 BU14 Excluded Retiree Associate

+ ASG00F0119 +



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