

FEDERAL INSURANCE COMPANY (the "company")

BENEFICIARY DESIGNATION REQUEST

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

Indicate:  Original Designation
 Change of Beneficiary

Policyholder: NAACLS

Policy Number: 9905-00-16

Name of Insured

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) only applies to the full Accidental Loss of Life Benefit Amount that is in force.

Date: Insured's Signature:

% 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