

Guarantee Trust Life Insurance Company

Beneficiary Designation

Insured's Name (*print*) _____
Last *First* *Middle Initial*

Start Date of Travel _____
Month *Day* *Year*

Beneficiary _____

Beneficiary's Relationship to Insured _____

Policyholder: _____ *Assemblies of God* _____

Policy Number: _____ **246-018-001 Q** _____

Signature of Insured _____

Date of Signing _____

****Note: one form required for each insured individual***