

THE HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY MEMBER BENEFICIARY DESIGNATION CARD

Insured Member's Name (Last, First, MI) _____ State _____

Death Benefits to be paid to the beneficiary(ies) named below*

Name (Last, First, MI)		Street Address		State		Zip Code
Relationship	Telephone	City	Street Address	State	Zip Code	
Name (Last, First, MI)	Relationship	Telephone	City	State	Zip Code	
Name (Last, First, MI)	Relationship	Telephone	Street Address	State	Zip Code	
Relationship	Telephone	City	Street Address	State	Zip Code	
Name (Last, First, MI)	Relationship	Telephone	City	State	Zip Code	

*The right to change beneficiary(ies) without the consent of said beneficiary(ies) is reserved.

Signature of Insured Member _____

Date _____

For Office Use Only

Policy Holder _____

Policy Number _____

Modified Form PA-2218-5