

**CHANGE OF BENEFICIARY FORM**  
Member Headquarters Association

---

**MEMBER NAME (LAST, FIRST, INITIAL)**

---

**ACCOUNT #**

**DATE ENROLLED**

---

**DEATH BENEFITS TO BE PAID TO**

**RELATIONSHIP**

---

**SIGNATURE OF INSURED**

**DATE SIGNED**

---

**DATE RECEIVED**

**FINANCIAL INSTITUTION**

**BY (SIGNATURE)**