



Associated Highway Patrolmen of Arizona  
 P.O. Box 6253  
 Phoenix, AZ 85005

Insurance Company and Address
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Policy Holder Associated Highway Patrolmen of Arizona	Policy Number(s)
Insured Name and ID Number	Social Security Number

Sworn       Civilian       Retiree

I hereby designate the following as my beneficiary(ies) under the above policy number(s) Primary Beneficiary(ies)

Full Name and Address (Please Print)	Percentage (must total 100%)	Date of Birth	Relationship	Social Security Number

• If no percentages are indicated, benefits will be divided equally between all primary beneficiaries

Contingent Beneficiary(ies) (applicable only if you are not survived by one or more primary beneficiaries)

Full Name and Address (Please Print)	Percentage (must total 100%)	Date of Birth	Relationship	Social Security Number

• If no percentages are indicated, any benefits payable to contingent beneficiaries will be equally be equally between all contingent beneficiaries.

- This beneficiary designation revokes all revocable prior beneficiary designations.
- Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided (pro-rata among the surviving beneficiaries of the same class (primary or contingent)
- If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Date	Signature of Insured
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This completed form must be retained by the policy holder (or Plan Administrator, if different). In the event of the death of the insured, the original must be submitted to \_\_\_\_\_ along with any additional forms required by \_\_\_\_\_.