



BENEFICIARY FORM

Guarantee Trust Life Insurance Co.

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 S

Signature of Insured _____

Date of Signing _____

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