

BENEFICIARY DESIGNATION FORM
 Life Insurance Company of North America



Employer Name ORTHODOX HEALTH PLAN / ANTIOCHIAN ORTHODOX CHRISTIAN ARCHDIOCESE
 Employee Name _____ Employee Social Security # _____
 Current Address _____ City _____ State _____ ZIP _____
 Home Phone _____ Work Phone _____ *please enter all dates in mm/dd/yyyy format*

Basic Term Life Insurance, Life Insurance Company of North America - Policy No. FLX968424				
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
RETIRED CLERGY HOUSING FUND	N/A	11-6007930	N/A	100%
Address: 358 Mountain Road Englewood NJ 07631			Phone Number: 201-871-1355	

Note: This form is not complete without your signature. Please sign the form where indicated.

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature _____ Date ____/____/____

Owner Signature _____ Date ____/____/____