

UNITED STATES LETTER CARRIERS MUTUAL BENEFIT ASSOCIATION
100 Indiana Avenue, N. W.
Suite #510
Washington, D.C. 20001-2144

EXTENDED TERM INSURANCE

DATE _____

BRANCH NUMBER _____ CITY _____ STATE _____

I DESIRE THE EXTENDED TERM INSURANCE ON MY POLICY NUMBER _____

OWNER'S NAME _____

SIGNATURE _____

MY HOME ADDRESS IS ADDRESS 1 _____

ADDRESS 2 _____

City _____ State _____ Zip _____

(REQUIRED)**

WITNESSED BY :

MBA REPRESENTATIVE _____

(Print) Name

Sign Name

OR

NALC BRANCH OFFICER _____

(Print) Name

Sign Name

OR

NOTARIZED BY _____

***This form applies to Life Insurance Policies only.**

****Form must be notarized by a Notary Public or witnessed by a NALC Branch Union Officer or a MBA Representative. ** Witness can not be a relative.**