



AMERICAN MARITIME OFFICERS (AMO) PLANS

2 West Dixie Highway, Dania Beach, FL 33004
Tel: (954) 920-4247 (800) 348-6515 Fax: (954) 920-9482 www.amoplans.com

For AMO Official Use Only

Received Date: _____

Received By: _____

BENEFICIARY DESIGNATION FORM FOR DEATH, ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

PARTICIPANT DATA (PLEASE PRINT)

Participant's Name:	SSN: XXX-XX-	DOB:
Address:		
City:	State:	ZIP Code:
Marital Status:	Telephone Number:	
Email Address:		

PRIMARY BENEFICIARY DESIGNATION (PLEASE PRINT)

Name:	Name:	
Relationship:	Relationship:	
Address:		
City:	State:	ZIP Code:

Name:	Name:	
Relationship:	Relationship:	
Address:		
City:	State:	ZIP Code:

Your secondary beneficiary (ies) will be entitled to a benefit only if all of your primary beneficiary (ies) predecease you.

SECONDARY BENEFICIARY DESIGNATION (PLEASE PRINT)

Name:	Name:	
Relationship:	Relationship:	
Address:		
City:	State:	ZIP Code:

Please refer to the AMO Medical Summary Plan Description for detailed benefits information.

SIGNATURE

I represent and certify that the above information furnished by me is true and correct. I hereby revoke any prior beneficiary designation I may have made.

Participant Signature: _____ Date: _____

NOTARY PUBLIC

STATE OF _____)
COUNTY OF _____)

The foregoing instrument was acknowledged this _____ day of _____, 20____, by _____ (print name of participant), who personally appeared before me and acknowledged that he/she signed the instrument voluntarily for the purpose expressed in it.

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Date Commission Expires

NOTARY SEAL

Personally Known
 Produced Identification
Type of Identification: _____