

BENEFICIARY DESIGNATION

- ☐ HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
☐ HARTFORD LIFE INSURANCE COMPANY
☐ HARTFORD FIRE INSURANCE COMPANY

Policyholder: COUNTY OF VOLUSIA

Policy No. ETB111841

Insured Person's Name _____

Death Benefits to be paid to beneficiary named below. State relationship.

And the right to change the beneficiary(ies) without the consent of said beneficiary(ies) is reserved.

(signature of Insured Person)

Date _____

(Please Print or Type all but Signature)