

Designation of Beneficiary Claim Resolution

Structured Settlement
PO Box 44251
Olympia WA 98504-4251

Worker	Claim Number	BIIA Docket Number
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I, _____, hereby designate the following beneficiary (or beneficiaries) to receive any benefits payable under the terms of the Claim Resolution Structured Settlement Agreement entered into under the above referenced claim number, should I die before the contract has been paid in full, and hereby revoke any previous beneficiary designations under the above referenced agreement.

Primary Beneficiary

Last Name		First Name		Middle Initial
Relationship	Date of Birth		Social Security Number	
Address				
City			State	Zip Code
Email			Phone Number	

Contingent Beneficiary

Last Name		First Name		Middle Initial
Relationship	Date of Birth		Social Security Number	
Address				
City			State	Zip Code
Email			Phone Number	

Signature

Signature

Date