



University of Alaska

Statewide Office of Risk Management

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DESIGNATION OF BENEFICIARY Board of Regents Travel Accident Policy GTP 804 17 72

REGENTS NAME: _____ PHONE: _____

ADDRESS: _____

1.	Primary	_____	Name:	_____
	Contingent	_____	Mailing:	_____
	Percentage	_____		_____
			Phone:	_____ Relationship: _____

2.	Primary	_____	Name:	_____
	Contingent	_____	Mailing:	_____
	Percentage	_____		_____
			Phone:	_____ Relationship: _____

3.	Primary	_____	Name:	_____
	Contingent	_____	Mailing:	_____
	Percentage	_____		_____
			Phone:	_____ Relationship: _____

4.	Primary	_____	Name:	_____
	Contingent	_____	Mailing:	_____
	Percentage	_____		_____
			Phone:	_____ Relationship: _____

SIGNATURE _____ DATE _____