



**This benefit currently offered to members in good standing by the American Culinary Federation**

The complimentary Term Life Insurance Benefit provided by the American Culinary Federation is insured by The Guardian Life Insurance Company of America, New York, NY. As a premier provider of quality financial products and professional services for over 140 years, Guardian has enjoyed outstanding financial strength and exemplary ratings from independent analysts, decade after decade. Guardian is known throughout the industry for integrity, fairness, performance and top-notch service.

**The benefit currently offered to members\* in good standing by the American Culinary Federation is:**

Death Benefit Amount: \$5,000 death benefit

Benefit Reduction: If the member is between the ages of 65 and 69, the policy provides a \$2,500 death benefit

Benefit Reduction: For Members age 70 and older, the policy provides a \$1,000 death benefit

\*This benefit is currently offered to Professional Culinarian, Culinarian, Student Culinarian, Senior Professional Culinarian, Allied and Associate members of the American Culinary Federation who are not members through the ACF Property or Military Program.

**Please remember the following:**

**Membership Death Benefit:** If you die while covered by this benefit, Guardian will:

- (1) Need to receive a certified copy of Death Certificate;
- (2) Pay the appropriate death benefit amount to the beneficiary named by you on the signed and dated form on file at the American Culinary Federation.

**You may change the beneficiary**

- (1) By contacting the American Culinary Federation at 1-800-624-9458 to request the change in writing.
- (2) Fill out and sign the required form and send it to the American Culinary Federation.

**Please return to: American Culinary Federation** 180 Center Place Way, St. Augustine, FL 32095

**American Culinary Federation  
MEMBER BENEFICIARY INFORMATION**

Name: \_\_\_\_\_ ACF Member #: \_\_\_\_\_ Chapter: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. Day: \_\_\_\_\_ Evening: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

**Beneficiary of Insurance**

Primary: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

Contingent Address: \_\_\_\_\_

Estate Administrator/Executor: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_