



**** Submit this form only if you want to make changes to your Beneficiary designation ****
BENEFICIARY CHANGE FORM

Policy # _____ Insured Name _____

Owner (if other than Insured) _____

Instructions for completing this form:

1. This form must be completed in ink and cannot be altered by the use of correction fluid. Please print legibly.
2. List the full legal name of the new beneficiary or beneficiaries, their relationship to the insured, their address, e-mail address, date of birth, and social security number.
3. If two or more beneficiaries are to share jointly, list all names in the primary beneficiary area. Unless otherwise noted, benefits will be paid equally to joint beneficiaries. Please use a separate sheet of paper if more room is needed for all names and information.

Primary Beneficiary – The person who will receive the proceeds of the policy in the event of the death of the insured.

Contingent Beneficiary – The person who will receive the proceeds of the policy in the event that the primary beneficiary has deceased prior to the insured.

Note - If you name a minor as beneficiary, we may be able to pay the proceeds to a legally appointed guardian of the minor's estate, otherwise we will hold the proceeds on deposit until the minor attains legal age.

State Regulations in FL, MI, MD, MT, NJ, TN, TX and WV do not allow a funeral director or funeral home to be designated as a beneficiary. NM will allow only if Owner and Insured is the same person. SD will allow only if the beneficiary designation is irrevocable.

State Regulations in UT will allow funeral director or funeral home to be designated beneficiary (contingent only), if there is a preneed contract on file with the funeral home.

State Regulations in OK will allow funeral director or funeral home to be designated beneficiary if there is no preneed contract on file with the funeral home.

Primary Beneficiary Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

E-mail Address: _____

Relationship: _____ Date of Birth: _____ SSN: _____

Contingent Beneficiary Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

E-mail Address: _____

Relationship: _____ Date of Birth: _____ SSN: _____

Signature of Owner: _____ **Date:** _____

SSN: _____ Phone: _____

E-mail Address: _____

Signature of Owner's Spouse*: _____ **Date:** _____

***State Regulations in AZ, CA, ID, LA, NV, NM, TX, WA and WI require the signature of the Owner's Spouse if the face value is over \$5,000. If you are not married please write "not married" on the line.**

MASSACHUSETTS RESIDENTS ONLY: If the owner of the Policy resides in Massachusetts, that owner's signature must be witnessed by a disinterested person, 18 years old or older, and who is not being named as a beneficiary.

Signature of Witness: _____ **Date:** _____