

BENEFICIARY DESIGNATIONS/CHANGE

INSTRUCTIONS

Please type or print clearly in ink all applicable sections. You must sign, date, and return the form to us for the change(s) to be valid. If the beneficiary is to be a Trust, copies of the Title and Signature pages, or Certification of Trust, must accompany this request. Once this change has been recorded at the Home Office, you will receive a confirmation notice.

IMPORTANT: DO NOT USE CORRECTION FLUID ON THIS FORM. IF YOU HAVE MADE AN ERROR, MARK THROUGH IT AND INITIAL YOUR CHANGE. DO NOT MAIL THE POLICY.

Section A: Owner Information

Policy Number: _____

Owner Name: _____ Married Widow/Widower

Owner Phone: _____ Single Divorced – Date: _____

Address Change?: Owner Address (Street, City, Zip): _____

Joint Owner Name (if applicable): _____ Married Widow/Widower

Single Divorced – Date: _____

Section B: Beneficiary Designations

PRIMARY DESIGNATIONS

Name	Per Stirpes	Address	Phone	DOB	Relationship	% of Benefit*
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

*Total % of Benefits for primary should equal 100%. If no percentages are designated, distribution will be in equal shares.

CONTINGENT DESIGNATIONS

Name	Per Stirpes	Address	Phone	DOB	Relationship	% of Benefit*
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

*Total % of Benefits for contingent should equal 100%. If no percentages are designated, distribution will be in equal shares.

Section C: SPOUSAL CONSENT (If residing in a Community Property State – AZ, CA, GU, ID, LA, NV, NM, TX, WA, or WI)

Do you reside in a community property state?: Yes No

(If yes, complete section C; if no, skip to section D.)

ATTENTION: If you live in a community property state, and you have designated someone other than your spouse as beneficiary, state law requires that your spouse consent to such designation. If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s) may not be effective.

I, _____, Owner Spouse Former Owner Spouse of the above-reference policy do hereby consent to the foregoing beneficiary designation(s), by virtue of the Community Property Laws of the State or territory of _____ (State)

I, _____, Joint Owner Spouse Former Joint Owner Spouse of the above-reference policy do hereby consent to the foregoing beneficiary designation(s), by virtue of the Community Property Laws of the State or territory of _____ (State)

Signature of Owner's Spouse or Former Spouse Printed Name Date

Signed at: (City, County, State): _____

Signature of Joint Owner's Spouse or Former Spouse Printed Name Date

Signed at: (City, County, State): _____

(Witness must be an Unrelated Adult Person with no Interest in the Policy)

Signature of Witness Witness's Name Printed Date

Section D: OWNER & JOINT OWNER SIGNATURES

The undersigned hereby revokes all previous designations of beneficiaries under the below-numbered policy and designates the following beneficiary(s) in accordance with the "Beneficiary" provisions of the policy.

For CA Residents:

CALIFORNIA FRAUD NOTICE

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Owner Signature Printed Name Date

Joint Owner Signature (if applicable) Printed Name Date