

Insurance Services

866-215-5343

BENEFICIARY CHANGE REQUEST

Insured:	Policy No.:
Owner's Tax ID:	Owner's Daytime Phone Number: ()

PLEASE PRINT FULL NAME AND RELATION TO INSURED. INCLUDE THE ADDRESS AND TAX ID NUMBER.

- All prior beneficiaries and payment methods are revoked.
- Pay the proceeds at death in a single sum.
- Unless stated otherwise, proceeds will be paid in equal shares when more than one beneficiary is listed. Percentages must equal 100%.
- If no designated beneficiary lives to receive payment, unless stated otherwise in the policy, proceeds will be paid to the insured's estate.
- If the current Policy Owner resides in the state of Massachusetts, the signature of a disinterested witness is required. A disinterested person is described as anyone other than a designated beneficiary and over 18 years of age. An agent may not sign as a disinterested witness.
- If more space is needed affix additional document and include policy number, full name and relationships of each beneficiary, all applicable signatures on any attachments, date and sign.

PRIMARY BENEFICIARY 1:		
NAME:		Percentage:
		Telephone Number:
Mailing Address:		
City:	State:	Zip:
SS Number/Tax ID Number:	Date of Birth/Date of Trust:	Relationship to Insured:

PRIMARY BENEFICIARY 2:		
NAME:		Percentage:
		Telephone Number:
Mailing Address:		
City:	State:	Zip:
SS Number/Tax ID Number:	Date of Birth/Date of Trust:	Relationship to Insured:

CONTINGENT BENEFICIARY 1:		
NAME:		Percentage:
		Telephone Number:
Mailing Address:		
City:	State:	Zip:
SS Number/Tax ID Number:	Date of Birth/Date of Trust:	Relationship to Insured:

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BENEFICIARY CHANGE REQUEST/Continued

Insured:	Policy No.:
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CONTINGENT BENEFICIARY 2:		
NAME:		Percentage:
		Telephone Number:
Mailing Address:		
City:	State:	Zip:
SS Number/Tax ID Number:	Date of Birth/Date of Trust:	Relationship to Insured:

Signatures (see instruction sheet for signature requirements):			
Individual, Joint or Multiple Owners Signature Section (All owners must sign.)			
Owner Signature _____		Date Signed _____	
Joint Owner Signature _____		Date Signed _____	
Assignee Signature _____		Date Signed _____	
Irrevocable Beneficiary Signature _____		Date Signed _____	
Disinterested Witness Signature _____		Date Signed _____	
Corporate, Partnership or Trust Owned Signature Section			
_____ Printed Name of Corporation, Partnership or Full Name of Trust		_____ Date of Trust	
_____ Printed Name of Corporate Officer or Trustee	_____ Signature of Corporate Officer or Trustee	_____ Title	_____ Date Signed
<input type="checkbox"/> I am the sole officer of the corporation listed			
_____ Printed Name of Corporate Officer or Trustee	_____ Signature of Corporate Officer or Trustee	_____ Title	_____ Date Signed

Spousal Signature Requirements
For the protection of both parties, if the owner resides in a Community Property State, we recommend that the owner's spouse join in signing and dating this form. If the owner resides in CA, ID, NV or WA the owner's spouse must sign and date this form below.
Spouse's Signature _____ Date Signed _____

Notary Signature if required	
Subscribed and sworn to before me this _____ day of _____, 2_____	
_____ Signature of Notary (official stamp/seal required)	_____ My Commission Expires