



Beneficiary Change Form

Date Received Home Office

Insured Name (First, MI, Last)				Birthdate		Social Security Number					
Address		Street		City		State		ZIP		Daytime Telephone	
Employer Name (if applicable)								Policy Number			
For Individual Life Policies Only: If the Policyowner is different from the insured, the policy owner must complete this form.								Policyowner Name (if other than Insured)			

I hereby designate the following beneficiary(ies) under the following coverage(s) and revoke the appointment of any existing beneficiary(ies):

Policy Number	Type of Policy/Certificate

PRIMARY BENEFICIARY(IES) - Will receive proceeds if living at death of Insured:

Last Name	First Name	MI	Social Security #	Birthdate	Relationship	Percentage
Total =						(Total must equal 100%)

CONTINGENT BENEFICIARY(IES) - Will receive proceeds if Primary Beneficiary(ies) are also deceased at death of Insured:

Last Name	First Name	MI	Social Security #	Birthdate	Relationship	Percentage
Total =						(Total must equal 100%)

Dated at _____, this the _____ day of _____, _____.

Signature of Insured

Signature of Policyowner (if other than Insured)

THIS BENEFICIARY DESIGNATION IS NOT VALID UNTIL RECEIVED AND ACCEPTED BY YOUR EMPLOYER'S HOME OFFICE.

See Page 2/Reverse Side For Instructions

INSTRUCTIONS

1. The signature of the Insured and Policyowner (if other than Insured), is required.
2. This form must be completed, signed, and forwarded to Your Employer's Home Office.
3. Give full legal name of each beneficiary and relationship to the Insured.

SAMPLE BENEFICIARY DESIGNATIONS

1. **UNNAMED CHILDREN AS BENEFICIARIES:** The legal, natural or adopted child or children of the Insured.
2. **PARTNERSHIP AS BENEFICIARY:** Doe & Company, 100 North Main, Anytown, USA, a partnership composed of John H. Doe and Richard A. Doe.
3. **CORPORATION AS BENEFICIARY:** Doe & Company, 100 North Main, Anytown, USA, a corporation organized under the laws of the State of Arkansas.
4. **TRUST AS BENEFICIARY:** John H. Doe, Trustee under Trust Agreement dated _____, _____.
5. **CHARITY:** American Cancer Society, 234 Main, Anytown, USA.