



PLEASE PRINT

BENEFICIARY CHANGE REQUEST

Policy Number	Insured's Name	Last	First	M.I.
Address	Street	City	State	Zip Code

I hereby revoke all previous beneficiary designations and change beneficiary or beneficiaries to the following:

Phone Number ()	Name Change <input type="checkbox"/> NO <input type="checkbox"/> YES, reason _____	Address Change <input type="checkbox"/> NO <input type="checkbox"/> YES
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PRIMARY BENEFICIARY
****Please complete both sections listed below.****

Last Name	First Name	M.I.	Relationship to Insured	% of Proceeds Must Total 100%
Address	Street	City	State	Zip Code

CONTINGENT BENEFICIARY

Last Name	First Name	M.I.	Relationship to Insured	% of Proceeds Must Total 100%
Address	Street	City	State	Zip Code

SIGNATURES

Unless otherwise stated, proceeds shall be paid in equal shares to any Primary Beneficiaries who survive the Insured, but if none survives, proceeds shall be paid in equal shares to any Contingent Beneficiaries who survive the Insured or, if none survive, to the estate of the Policyowner. It is hereby agreed that the provisions, if any, of the said policy requiring endorsement of change of beneficiary on the policy, are annulled.

I/We agree that any change requested above shall be effected by the Company's acknowledgement letter.

NOTE: If the Owner is a company or corporation, two officers must sign and show titles.

Signature of Owner			Date
Signature of Joint Owner or 2nd Officer with Title	Signature of Disinterested Witness (Required in MA)	Agent Code	Date
Signature of Owner's Spouse (Recommended in community property states if original beneficiary.)			Date