

LIFE BENEFICIARY AND NAME CHANGE FORM

Beneficiary Change **Name Change**

GENERAL INFORMATION

This section must be completed.

Policy/Certificate No.: _____ Issued by (the Company): _____

Insured's Name: _____

Owner's Name: _____

Owner's Social Security Number/Tax ID # _____

Owner's Address: _____

City, State, Zip: _____

Daytime Telephone No.: _____ Email Address: _____

Check here if new address Effective date _____

BENEFICIARY DESIGNATION

If this form does not accommodate your needs, please contact Customer Service.

Dollar amounts will not be accepted. Designations must be submitted in percentages or fractions.

Unless otherwise stated above, if joint beneficiaries are named in any of the three classes (Primary, Contingent, or Second Contingent), the proceeds are to be paid equally to the survivor or survivors, if any, in the class. If unnamed children of the Insured are designated above as beneficiaries, the proceeds are to be paid to the Insured's lawful children unless otherwise specified.

If there is a provision in said policy requiring that it accompany any request for change of beneficiary or that such change shall not take effect until endorsed by the Company on the policy, such provision is hereby modified, and the beneficiary may be changed pursuant to this written request, which change will be effected by recordation by the Company at its Home Office or Administrative Office without action taken by the Company before such recordation.

If you are adding beneficiaries but not changing existing beneficiaries, you must restate all existing beneficiaries below as well.

Change beneficiaries on: (select one)

- | | |
|--|---|
| <input type="checkbox"/> Base policy | <input type="checkbox"/> Children term rider(s) |
| <input type="checkbox"/> Primary Insured Rider | <input type="checkbox"/> First to die rider |
| <input type="checkbox"/> Other Insured rider--on the life of the _____ | <input type="checkbox"/> Last to die rider |

If you do not select one of the options, we will automatically change the beneficiaries on the base policy and the primary insured rider (if applicable).

For Trust Designation see page 2.

Primary Name _____

Social Security Number/Tax ID # _____

Relationship to the Insured _____ Date of Birth _____

Address _____

Primary Contingent

Name _____

Social Security Number/Tax ID # _____

Relationship to the Insured _____ Date of Birth _____

Address _____

Primary Contingent Second Contingent

Name _____

Social Security Number/Tax ID # _____

Relationship to the Insured _____ Date of Birth _____

Address _____

Beneficiary Designation (continued)

If the beneficiary is a Trust, complete the following:

Primary Contingent Second Contingent

Trust Name _____

Tax ID Number _____ Date of Trust _____

Trustee Name(s) _____

Trustee Name(s) _____

Address _____

The potential for adverse tax consequences may exist when the insured, the beneficiary and the owner are all different. You may wish to consult with your tax advisor, attorney, or a representative of the Internal Revenue Service for specific information.

AUTHORIZATION AND SIGNATURES

One officer's signature with title and corporate resolution papers are required for corporate-owned policies/certificates.

If owner is a trust, title pages (which indicates the full name, the trust with the date of trust along with the trustee names) and signatory pages of trust is required.

****Title required for a corporation, partnership or trust.***

Owner's Signature _____ Date _____

Name (print or type) _____ *Title _____

Owner's Signature _____ Date _____

Name (print or type) _____ *Title _____

Owner's Signature _____ Date _____

Name (print or type) _____ *Title _____

Irrevocable Beneficiary's Signature (if applicable) _____ Date _____

Name (print or type) _____ *Title _____

Witness Signature (Massachusetts only) _____ Date _____

NAME CHANGE

This change applies to:

Insured Owner Assignee Other

You are changing your name (please print)

From _____

To _____

Reason for name change:

Marriage (attach a copy of certificate)

Divorce (attach a copy of decree)

Corporate Name Change (attach certified copy of Corporate Resolution authorizing the change)

Other (please specify and attach a copy of court order)

New Address (if applicable) _____

City, State, ZIP _____

Signature _____ Date _____

(Signature required by Policy Owner or party whose name is changing)

Title _____

HOME OFFICE ACKNOWLEDGEMENT

By _____ Recorded Date _____

INSTRUCTIONS

Almost all beneficiary changes can be requested by using this form and following the examples below. However, if there is any question concerning the completion of the request or if a beneficiary designation is desired which cannot be requested on this form, contact your local representative or Agency which services your policy.

1. Complete a separate request for change of beneficiary for each policy to be changed, unless the owner and all information is the same for all policies.
2. This form is to be forwarded to the Company. When the beneficiary change is recorded in the Home Office, Service or Administrative Office, a copy will be acknowledged and returned to be attached to the policy.
3. If unnamed children are to be beneficiaries, specify one of the following: "my lawful children" or "children born of my marriage to (name of spouse)".
4. This form is not to be used to elect an Optional Method of Settlement

Examples of The Most Frequently Used Beneficiary Designations

Individual (Always show relationship to the insured)	Primary Beneficiary, if living	otherwise Contingent Beneficiary, if living	otherwise, Second Contingent
one beneficiary	Mary Doe Smith, wife	(leave blank)	(leave blank)
one primary beneficiary and one contingent beneficiary	Mary Doe Smith, wife	John Henry Smith, son	(leave blank)
two primary beneficiaries and one contingent beneficiary	Ernest Lee Smith, father Helen Jones Smith, mother	Susan Smith Williams, sister	(leave blank)
one primary beneficiary, unnamed children as first contingent beneficiary and two second contingent beneficiaries	Mary Doe Smith, wife	children born of my marriage to Mary Doe Smith	Ernest Lee Smith, father Helen Jones Smith, mother
unequal distribution (always use fractional or percentage proportions)	one-half to Helen Jones Smith, mother one-fourth to Susan Smith Williams, sister one-fourth to Harry Lewis Smith, brother 34% to Helen Jones Smith, mother 33% to Susan Smith Williams, sister 33% to Harry Lewis Smith, brother	an individual Contingent Beneficiary, such as William Smith, nephew	(leave blank)
Business			
Corporate beneficiary	XYZ Company, Inc Greensboro, NC	(leave blank)	(leave blank)
Partner	George Allen Miller, partner	(leave blank)	(leave blank)
Other			
Insured's estate	Executors, Administrators or Assigns of the insured	(leave blank)	(leave blank)
Formal Trust Agreement	Trustee (Show Name and Address) under Trust Agreement Dated (show date)	(leave blank)	(leave blank)
Trustee Under Last Will	Trustee (put name and address if Trustee is named) Under last Will and Testament of Insured (include date of document)	(leave blank)	(leave blank)

SIGNATURE REQUIREMENTS

Owner	Signature(s) Required
Individual	Policy Owner
Corporation, Bank of Financial Institution	One officer signature with title. We require a corporate resolution, which names all officers authorized to sign on behalf of corporation.
Conservator or POA	Signature of Conservator or POA dated within the last 12 months. We require that a copy of POA document be on file. If dated more than 12 months, we require an affidavit to accompany the request.
Trust	All Trustee(s) as authorized by the required trust documentation. We require the title pages (which indicate the full name of the trust with the date of trust along with the trustee names) and signatory pages of trust.
Partnership or LLC	We require one general/managing partner signature and a copy of the Partnership agreement for Partnerships OR one managing member's signature with a copy of the operating agreement for LLCs.
Custodian/Minor	We require court order - "Letter of Guardianship" or UGMA or UTMA paperwork.
Signed by an "X"	If signor is unable to sign and must sign with an "X" we require signature be notarized.
Stamped signatures	We will not knowingly accept a stamped signature.
All other interested parties	Contact customer service to verify signature(s) needed.