

**EMPLOYEE GROUP INSURANCE CHANGE REQUEST**
**IMPORTANT – PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING**

Name of Insured Employee	Certificate No.
Name of Employer	Shenandoah Life Group Number

**I HEREBY REQUEST SHENANDOAH LIFE INSURANCE COMPANY TO:** *(check and complete appropriate items below)*
 **CHANGE MY BENEFICIARY TO:**

Name of New Beneficiary	Relationship	Address

Unless otherwise indicated above, if more than one beneficiary is named, the share of any beneficiary who predeceases me shall be distributed equally among the surviving beneficiaries or beneficiary, if any; otherwise to my estate. I understand that if two or more beneficiaries are named, the words "in equal shares, survivors or survivor" shall be in effect as if written into the designation, unless other instructions are given over my signature.

 **CHANGE THE NAME OF:** *(check one)*
 Employee to: \_\_\_\_\_

 Beneficiary to: \_\_\_\_\_

 The change results from:     Marriage     Divorce     Court Order     Correction

 **ISSUE TO ME A DUPLICATE OF THE ABOVE STATED CERTIFICATE**

I have made a thorough search for it and it cannot be found. I have not assigned the certificate or any of its benefits. I agree that if the original certificate is found at any future date, I will return it to Shenandoah Life Insurance Company for cancellation. In consideration of issuance of such duplicate certificate, I hereby release Shenandoah Life Insurance Company from any obligation under the original certificate.

 **CHANGE MY DEPENDENCY STATUS TO AN EMPLOYEE WITH:**
 No dependents       Spouse only       Child(ren) only       Spouse and Child(ren)

 **RECORD MY ACQUISITION OF A NEW DEPENDENT**

Date acquired \_\_\_\_\_ as a result of:

 Marriage       Children       Child legally adopted       Child supported

**X** \_\_\_\_\_  
Signature of Employee

**X** \_\_\_\_\_  
Signature of Witness

 \_\_\_\_\_  
Date

**ACKNOWLEDGED**


Date: \_\_\_\_\_

## INSTRUCTIONS

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1. Type (except for signature) or use ink (ball point pen). Do not use a pencil.
2. Be sure form is fully completed.
3. Do not make erasures or corrections. Use a new form instead.
4. Forward the completed form to the insurance company, preferably through your employer.
5. If the change is a change of name and/or beneficiary, an acknowledged copy of the form will be returned to you. Please attach it to your certificate as it is a part of your insurance record.
6. Where more than one beneficiary is designated, the amount of insurance to be paid to each beneficiary should be shown in fractional parts or as percentages.
7. If a married woman is to be named as beneficiary or have name changed, show her full given name (Example: Mary R. Doe, *not* Mrs. John Doe.)
8. An unmarried woman who is named as a beneficiary should have her name changed at time of marriage to married name. Show full given name. (See item 7.)
9. When a minor or the insured's estate is beneficiary, a guardian or an administrator must be appointed before any death benefit can be paid. Take this into consideration when designating your beneficiary.
10. Designating beneficiaries who reside in foreign countries is not advisable because of difficulty in settling claims in such cases.
11. In case of unusual nature send details to Shenandoah Life Insurance Company. A prompt reply will be sent.