

## BENEFICIARY CHANGE FOR LIFE POLICY

### GENERAL INFORMATION (To avoid processing delay, type or print clearly.)

This section must be completed. **See page 4 for required signature(s) and paperwork if applicable.**

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

Insured's Name: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Owner(s) Social Security Number/TIN: \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Check here if new address**

### INSTRUCTIONS

Almost all beneficiary changes can be requested by using this form. 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. A form which has been altered or on which there has been an erasure cannot be accepted unless the alteration or erasure is initialed by the policyowner.
3. This form is to be forwarded to the Company. A confirmation of the beneficiary change will be sent to you for your records.
4. This form is not to be used to elect an Optional Method of Settlement.
5. **Irrevocable Beneficiaries:** An irrevocable beneficiary is a designation that cannot be changed without the irrevocable beneficiary's written consent. It is also a designation that for **any** change (i.e. withdrawal, ownership change, etc.) to the policy/contract, we will **require** the irrevocable beneficiary to sign and date the request. If you are naming an irrevocable beneficiary, contact our office for instructions.
6. **Beneficiary Classes (unless otherwise specified in the designation):**  
**PRIMARY** or the first person(s)/entity(ies) in line to receive the death proceeds after the insured is deceased.  
**CONTINGENT** or the second or subsequent person(s)/entity(ies) in line to receive the death proceeds after the insured is deceased and no surviving primary beneficiary(ies).  
**SECOND CONTINGENT** or the third or subsequent person(s)/entity(ies) in line to receive the death proceeds after the insured is deceased and no surviving primary or contingent beneficiary(ies).

### BENEFICIARY DESIGNATION

*Designations given in dollar amounts will not be accepted. However, designations given in percentages or fractions equal to 100% will be accepted.*

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 survivors unless otherwise stated.

**If you are adding beneficiaries but not changing existing beneficiaries, you must restate all existing beneficiaries.**

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 and Custodian Designations see page 3. If no fractions or percentages are given, proceeds will be paid equally to the survivor or survivors, if any in the class (ie: primary, contingent, or second contingent).*

**PRIMARY BENEFICIARY**

| Full Name*<br>(Individual or Company) | Complete Mailing<br>Address* | Telephone<br>Number* | Date of<br>Birth* | Relationship<br>to Insured* | SSN or TIN* | Percentage/<br>Fraction of<br>Proceeds |
|---------------------------------------|------------------------------|----------------------|-------------------|-----------------------------|-------------|--|
|                                       |                              |                      |                   |                             |             |  |
|                                       |                              |                      |                   |                             |             |  |
|                                       |                              |                      |                   |                             |             |  |
|                                       |                              |                      |                   |                             |             |  |

**\*Required Fields**

**CONTINGENT BENEFICIARY**

| Full Name*<br>(Individual or Company) | Complete Mailing<br>Address* | Telephone<br>Number* | Date of<br>Birth* | Relationship<br>to Insured* | SSN or TIN* | Percentage/<br>Fraction of<br>Proceeds |
|---------------------------------------|------------------------------|----------------------|-------------------|-----------------------------|-------------|--|
|                                       |                              |                      |                   |                             |             |  |
|                                       |                              |                      |                   |                             |             |  |
|                                       |                              |                      |                   |                             |             |  |
|                                       |                              |                      |                   |                             |             |  |

**\*Required Fields**

**SECOND CONTINGENT BENEFICIARY**

| Full Name*<br>(Individual or Company) | Complete Mailing<br>Address* | Telephone<br>Number* | Date of<br>Birth* | Relationship<br>to Insured* | SSN or TIN* | Percentage/<br>Fraction of<br>Proceeds |
|---------------------------------------|------------------------------|----------------------|-------------------|-----------------------------|-------------|--|
|                                       |                              |                      |                   |                             |             |  |
|                                       |                              |                      |                   |                             |             |  |
|                                       |                              |                      |                   |                             |             |  |
|                                       |                              |                      |                   |                             |             |  |

**\*Required Fields**

**\*This information is requested to assist us in identifying and contacting your beneficiary(ies) in the event of a claim/distribution and ensure benefits are paid out appropriately. State regulations may require benefits be paid to the State if the beneficiary cannot be located in a timely manner.**

**Signature(s) required on page 4.**



**AUTHORIZATIONS AND SIGNATURES**

**Please sign and date below.**

**SIGNATURE REQUIREMENTS**

| Owner                                      | Signature(s) Required  |
|--|--|
| Individual(s)                              | Policy Owner(s)  |
| Corporation, Bank or Financial Institution | Signature of one officer with title, and a corporate resolution which names all officers authorized to sign on behalf of the corporation; or two officers signatures, with title, without corporate resolution.  |
| Conservator or POA                         | Signature of Conservator or POA with title. We require Letter of Conservatorship along with court order designating conservator/guardian or copy of the POA document to be on file. If POA is dated more than 3 years, we require an affidavit to accompany the request. <b>Signature Example: John Doe, POA for Jane Doe.</b> |
| Trust                                      | Signature of all Trustee(s) with title 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 with title and a copy of the Partnership agreement for Partnerships OR one managing member’s signature with title and a copy of the operating agreement for LLCs.  |
| Custodian/Minor                            | We require court order - “Letter of Guardianship” or UGMA or UTMA paperwork. (If the custodian designation was completed on page 3, additional paperwork is not required.)   |
| Signed by a “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.  |

*\*If you are signing the form in any capacity other than an individual an appropriate title is required.*

*\*\*A witness signature of a disinterested party is required in the state of Massachusetts.*

\_\_\_\_\_  
Owner’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
**\*Title**

\_\_\_\_\_  
Owner’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
**\*Title**

\_\_\_\_\_  
Other Required Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
**\*Title**

\_\_\_\_\_  
Witness Signature (Massachusetts only)\*\*

\_\_\_\_\_  
Date