

Policy Number _____

Change of Beneficiary Form

Section B. Beneficiary Designation (Continued from page 1)

Beneficiary's Name (First, Middle Initial, Last), Entity Name or Estate				
Percent (%) of death benefit	Date of Birth / Date Trust Established	Social Security Number / Tax ID #		Telephone Number
Relationship of Beneficiary to Insured	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Trust	<input type="checkbox"/> Other _____
Street Number	Street Name	City	State	Zip Code
• Check One (If nothing checked, the designation will be Primary) <input type="checkbox"/> Primary <input type="checkbox"/> 1st Contingent <input type="checkbox"/> 2nd Contingent				

Beneficiary's Name (First, Middle Initial, Last), Entity Name or Estate				
Percent (%) of	Date of Birth / Date	_____		_____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	_____

Beneficiary's Name (First, Middle Initial, Last), Entity Name or Estate				
Percent (%) of	Date of Birth / Date	_____		_____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	_____
