

**BENEFICIARY CHANGE FORM**

(Please print **clearly**)

- **Before** completing the form, please **review** the Important Information Section on the reverse side.
- The owner must sign this form. **We cannot accept any changes without the required signature(s).**
- A confirmation of the change will be sent to the Owner to be kept with the Contract after the change is recorded.

(Insured's Name) \_\_\_\_\_ (Contract Number) \_\_\_\_\_

(Owner's Name) \_\_\_\_\_ (Owner's Date of Birth and Social Security Number - **Required**) \_\_\_\_\_

(Owner's Street Address - **Required**) \_\_\_\_\_ (City, State, Zip Code) \_\_\_\_\_ (Phone Number) \_\_\_\_\_

**I hereby designate the person(s) or entity named below as beneficiary(ies) for the above referenced Contract, revoking any other beneficiary designation(s). This change is to be effective in accordance with the terms and conditions of the Contract.**

**Total % share of benefit for each beneficiary class must equal 100%. Refer to Important Information on reverse side.**

<u>(Beneficiary Name)</u>	Class: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	(Relationship to Insured)	(% Share of Benefit)	(Social Security Number)
(Street Address)	(City)	(State)	(Zip Code)	
(Date of Birth)	(Phone Number)			
<u>(Beneficiary Name)</u>	Class: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	(Relationship to Insured)	(% Share of Benefit)	(Social Security Number)
(Street Address)	(City)	(State)	(Zip Code)	
(Date of Birth)	(Phone Number)			
<u>(Beneficiary Name)</u>	Class: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	(Relationship to Insured)	(% Share of Benefit)	(Social Security Number)
(Street Address)	(City)	(State)	(Zip Code)	
(Date of Birth)	(Phone Number)			

**X**

(Signature of Owner - **Required**) \_\_\_\_\_

\_\_\_\_\_ (Date)

**Important Information:** Each class of beneficiary (first, second or third) may include one or more person(s). The Death Benefit will be paid as designated on this form. If no shares are designated, it will be paid in equal shares to the first beneficiary(ies) who survives the INSURED by 15 days. If no first beneficiary(ies) survives, the Death Benefit will be paid as designated on this form to the second beneficiary(ies) who survives the INSURED by 15 days, etc. **We will accept no more than three classes of beneficiaries.**

**Classes of Beneficiary(ies)**

**First Beneficiary(ies):** The person(s) or entity designated as the recipient of the death benefit in the event of the death of the insured. In order to receive the death benefit the beneficiary must survive the insured by 15 days.

**Second Beneficiary(ies):** The death benefit is payable to the second beneficiary(ies), if no first beneficiary(ies) survives the insured by 15 days; or the first beneficiary(ies) is(are) disqualified under the law.

**Third Beneficiary(ies):** The death benefit is payable to the third beneficiary(ies), if no first or second beneficiary(ies) survives the insured by 15 days; or the first and second beneficiary(ies) is(are) disqualified under the law. If there is no surviving first, second or third beneficiary(ies), the death benefit is payable to the Estate of the Insured.

**Percentage Share of Benefit:** The percentages for each class of beneficiary (first, second or third) must equal 100%.

**Examples of Beneficiary Designations:**

	<b>Name</b>	<b>Relationship</b>	<b>% Share of Benefit</b>
One <b>1st</b> beneficiary	John Smith	Spouse	100%
Two <b>2nd</b> beneficiaries	Jane Smith	Daughter	50%
	James Smith	Son	50%
Two <b>1st</b> beneficiaries	John Smith	Son	50%
	Jane Smith	Daughter	50%
One <b>1st</b> beneficiary	John Smith	Spouse	100%
One <b>2nd</b> beneficiary	Jane Smith	Daughter	100%
One <b>3rd</b> beneficiary	Jim Smith	Grandson	100%

**Special Beneficiary Designations:**

**Funeral Home as Beneficiary:** To protect consumers, some states prohibit naming a funeral home as a beneficiary. If a Pre-need agreement already exists with a funeral home, please include a copy of that agreement with this form.

**Trustee Beneficiary(ies):** The person designated as the recipient of the benefit where a person or entity holds the assets of a trust for the benefit of the beneficiaries and manages the trust and its assets under the terms of the trust stated in the declaration of the trust that created it. **Example:** John B. Smith, as Trustee under The Smith Family Trust instrument dated September 10, 2007.

**Minor beneficiary where there is no Trust instrument or Guardianship:** The person designated as the recipient of the benefit is categorized as a minor in their state of residence, and there is no trust in place or Guardianship appointment. **Example:** James T. Smith as Custodian for Thomas Smith, minor son of the insured under the State of \_\_\_ Uniform Transfers/Gifts to Minors Act.