

Policy Insured ( <i>Please Print</i> )	Policy Owner ( <i>If Different</i> )	Policy Number
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**Change of Beneficiary**

Please designate both a primary and contingent beneficiary.

I wish to designate my Primary Beneficiary as irrevocable. I understand by doing so I cannot take a loan or cash surrender my policy without their written consent.

**Primary Beneficiary**

Name(s) \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tax ID No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

**Contingent Beneficiary**

Name(s) \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tax ID No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

**Change of Ownership**

This change will legally transfer policy ownership to the party named below. It is not recommended to select a funeral home as owner.

**New Owner**

Name(s) \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tax ID No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

New Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Change of Name**

This change will not transfer ownership rights or benefits. Legal documentation is required, i.e. marriage license, divorce decree, driver's license, etc.

Name to Change (check one):  Insured  Policy Owner Reason (required) \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

*Please print former name*

*Please print new name*

**Any Other Changes Not Listed Above**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signatures**

I agree that my signature below shall apply to all requests checked on this form.

Current Policy Owner \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Irrevocable Beneficiary/Assignee \_\_\_\_\_ Date \_\_\_\_\_