

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 _____