



PO Box 11609, Winston-Salem, NC 27116-1108
Phone: (833) 658-2841 Fax: (303) 220-8056

BENEFICIARY CHANGE FORM

Policy No.: Insured: Telephone: Address (City, State, Zip Code) Owner's Social Security/Tax ID No.:
Single Divorced Married Widow/Widower

Instructions:

Please type or print clearly in ink all applicable sections. You must sign, date and return the form to us for the change(s) to be valid. If the beneficiary is to be a Trust, copies of the Title and Signature pages, or Certification of Trust, must accompany this request. Once this change has been recorded at the Home Office, a recorded copy will be returned to you to attach securely to your policy.

The undersigned hereby revokes all previous designations of beneficiaries under the above-numbered policy and designates the following beneficiary(s) in accordance with the "Beneficiary" provisions of the policy.

PRIMARY DESIGNATIONS

Table with 6 columns: Primary- Name, Address/ Telephone, SS/Tax ID No., Date of Birth, Relationship, % of Benefit

Total % of Benefits should equal 100%. If no percentages are designated, distribution will be in equal shares.

CONTINGENT DESIGNATIONS (Optional)

Table with 6 columns: Contingent- Name, Address/ Telephone, SS/Tax ID No., Date of Birth, Relationship, % of Benefit

Total % of Benefits should equal 100%. If no percentages are designated, distribution will be in equal shares.

Signed at: (City, County, State)

Owner Signature: Date:

Signature of Witness: Date: (Must be an Unrelated Adult Person with no Interest in the Policy)

Witness's Printed Name:

IMPORTANT: DO NOT USE CORRECTION FLUID ON THIS FORM. IF YOU HAVE MADE AN ERROR, MARK THROUGH IT AND INITIAL YOUR CHANGE. DO NOT MAIL THE POLICY

ATTENTION: If you live in a community property state, and you have designated someone other than your spouse as beneficiary, state law requires that your spouse consent to such designation. If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s) may not be effective.

I, (Spouse) do hereby consent to the foregoing beneficiary designation(s)

Signature of Spouse: Date:

State of County of

Acknowledged before me this \_\_\_ day of \_\_\_, 20\_\_\_, by

Such person is known to me or has produced \_\_\_ as identification.

Notary Signature:

Notary Printed Name:

Notary Public Commission No.:

Serial Number, if any:

Seal