



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

BENEFICIARY CHANGE FORM

Policy No.:	Insured:	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
Telephone:	Address (City, State, Zip Code)	<input type="checkbox"/> Married	<input type="checkbox"/> Widow/Widower
			Owner's Social Security/Tax ID No.:

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

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)

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

(Spouse)

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

†Colorado Bankers Life Insurance Company (CBLife) is not responsible for undelivered mail. To protect your personal information, CBLife recommends certified mail or some other service such as FedEx or UPS. **Do not** send the form by unsecured email. You can transmit the form via facsimile; however, CBLife shall not be responsible for any unintended disclosure or breach of such facsimile transmission. If you choose to send it by fax, and accept responsibility for any unintended disclosure or breach of such facsimile transmission, the fax number is: (303) 220-8056