

Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

Certificate/Policy Number \_\_\_\_\_ Owner (if other than insured) \_\_\_\_\_

Mailing Address: Insured's or Owner's (if other than insured)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Home Phone Number (\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_

**I hereby revoke all prior designations of beneficiary and request the present designations below.**

Primary Name	Address	Soc. Sec. #/Tax ID	Date of Birth	Relationship	%*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Contingent Name	Address	Soc. Sec. #/Tax ID	Date of Birth	Relationship	%*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*Unless otherwise directed, proceeds will be paid in equal shares to all primary beneficiaries who survive the Insured; but if none survive, proceeds will be paid in equal shares to all contingent beneficiaries who survive the Insured. Otherwise, to the owner or his estate.

**SIGNATURES REQUIRED**

**If owner is an individual or partnership:**

\_\_\_\_\_/\_\_\_\_\_  
Signature of owner(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of owner's spouse (Required in AZ, CA, ID, LA, NV, NM, TX, WI, WA) \_\_\_\_\_ Signature of irrevocable beneficiary (if any) \_\_\_\_\_

**If owner is a corporation:**

\_\_\_\_\_  
Signature of Corporate Officer \_\_\_\_\_ Signature of Corporate Officer \_\_\_\_\_

Notary: On this day personally appeared before me the person(s) who executed this form and acknowledged that he or she (or they) signed the same as his or her (or their) free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ . \_\_\_\_\_  
Notary Signature

**HOME OFFICE USE ONLY**

Certificate/Policy Effective Date \_\_\_\_\_ Effective Date of Beneficiary Change \_\_\_\_\_

**Please see other side for instructions.**