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Beneficiary Change Form

Insured's Name ___________________________________ Owner's Name (if other than Insured)______________________

Certificate Number(s) __________________ _______________________ ____________________ ____________________

The Owner may check one or more of the following options:

	Primary	Contingent
☐ The share of any Beneficiary who does not survive shall be paid in equal shares to the Beneficiary's surviving children.	☐	☐
☐ A Beneficiary who dies within 30 days after the Insured's death shall be deemed not to have survived.	☐	☐
☐ If I named a Custodian for a Beneficiary who is a minor at the time of payment, the Beneficiary's share shall be paid to the Custodian under the Uniform Transfers (or Gifts) to Minors Act of the state in which the Beneficiary is then domiciled. (Choosing this option can reduce expense and delay at the time of payment.)	☐	☐

Custodian is: ____
Name Relationship Date of Birth Address

Primary (Equal shares unless percentages are stated next to each beneficiary)

Name (First, Initial, Last)	Relationship To Insured	Gender	Date of Birth	Address/Social Security #
___________________________	__________	☐M ☐F	__________	________________________________
___________________________	__________	☐M ☐F	__________	________________________________
___________________________	__________	☐M ☐F	__________	________________________________

☐ and all other children or grandchildren of the Insured within the above-named group. This includes all born or adopted children/grandchildren.

Contingent (Equal shares unless percentages are stated next to each beneficiary)

Name (First, Initial, Last)	Relationship To Insured	Gender	Date of Birth	Address/Social Security #
___________________________	__________	☐M ☐F	__________	________________________________
___________________________	__________	☐M ☐F	__________	________________________________
___________________________	__________	☐M ☐F	__________	________________________________

☐ and all other children or grandchildren of the Insured within the above-named group. This includes all born or adopted children/grandchildren.

By completing and signing this form, I am revoking all prior designations and replacing them with the above designations.

Signature Of Owner ____ **Date** ____________ **Phone Number** _________________

Owner's Social Security No. _________________________________ **Owner's Email Address** _________________________________

For Home Office Use Only

Acknowledged and recorded on __________________ by ____________________________

Form No. MS-045-0610