

Beneficiary Designation Change Form

Complete this form to designate a beneficiary or change the beneficiary designation. Include full proper name, address, phone number, Social Security # and relationship of proposed beneficiary(s). If no designated beneficiary survives the Insured, settlement will be made to the estate of the Insured.

Policy/Certificate Holders Name	Policy/Certificate Number
Policy/Certificate Holders Address	Policy/Certificate Holders Social Security #
Policy/Certificate Holders City, State, ZIP Code	
Primary: The undersigned hereby requests that all previous primary beneficiary designations be revoked and makes the following designations. If more than one primary beneficiary is designated, then proceeds will be divided equally.	
Name	Name
Address	Address
City, State, ZIP Code	City, State, ZIP Code
Phone #	Phone #
Social Security #	Social Security #
Relationship	Relationship
Contingent (Secondary): Receive benefits ONLY if no Primary Beneficiary survives the Insured. The undersigned hereby requests that all previous contingent beneficiary designations be revoked and makes the following designations (if no entry is made, previous designations and/or elections will remain unchanged). If more than one contingent beneficiary is designated, then proceeds will be divided equally.	
Name	Name
Address	Address
City, State, ZIP Code	City, State, ZIP Code
Phone #	Phone #
Social Security #	Social Security #
Relationship	Relationship
You may add additional Primary or Contingent Beneficiaries on the back of this form. You must indicate a "P" for Primary or "C" for Contingent for each person.	
Signature of Policy/Certificate Holder	Date
Signature of Policy/Certificate Holder	Date