

BENEFICIARY - NAME CHANGE - OWNER CHANGE FORM

PARTICIPANT # _____ INSURED _____

POLICY NUMBER _____ OWNER _____

BENEFICIARY DESIGNATION *(All previous designations are hereby canceled)*

A. CHANGE PRIMARY BENEFICIARY TO _____

ADDRESS _____

RELATIONSHIP TO INSURED _____ SSN _____

B. CHANGE CONTINGENT BENEFICIARY TO _____

ADDRESS _____

RELATIONSHIP TO INSURED _____ SSN _____

CHANGE OF NAME

Insured

Owner

By

Marriage

Divorce

Law (Documentary Proof Required)

NAME CHANGED TO _____

OWNER DESIGNATION-ALL PREVIOUS DESIGNATIONS ARE HEREBY CANCELED.

BOTH OLD AND NEW OWNERS MUST SIGN THIS FORM, STATE BIRTHDATES, AND PROVIDE SOCIAL SECURITY NUMBERS.

PREVIOUS OWNER _____ BIRTHDATE _____

ADDRESS _____ SSN _____

SIGNATURE _____

NEW OWNER _____ BIRTHDATE _____

ADDRESS _____ SSN _____

SIGNATURE _____

DATE _____ SIGNATURE OF OWNER _____

WITNESS (NON-RELATIVE) _____ ADDRESS OF OWNER _____

FOR HOME OFFICE USE ONLY

DATE RECORDED _____ ACKNOWLEDGED BY _____