



## REQUEST FOR CHANGE OF NAME AND/OR BENEFICIARY

Certificate Number: \_\_\_\_\_ Insured/Annuitant: \_\_\_\_\_

<b>Owner Information</b> (required)	Name: _____ SSN/TIN: _____ Address: _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single Telephone No. _____ Email: _____
<input type="checkbox"/> <b>Name Change</b>	<input type="checkbox"/> Insured/Annuitant <input type="checkbox"/> Owner New Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>MI</span> <span>Last</span> </div> Reason for Change: <input type="checkbox"/> Name is incorrect <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Court Order/Statutory Process <small>*If you wish to change ownership, please submit form #04-01-0054 Request for Transfer of Ownership.</small>
<input type="checkbox"/> <b>Beneficiary Change</b>	<p><b>Primary Beneficiary:</b> (Print legal name &amp; address, Date of Birth/SSN/TIN and Relationship to Insured)</p>   <p><b>Contingent Beneficiary:</b> (Print legal name &amp; address, Date of Birth/SSN/TIN and Relationship to Insured)</p>

In consideration thereof, it is hereby agreed that these changes shall be an amendment to and form a part of the original application and contract. No change shall be effective until such change is recorded by the Home Office.

This beneficiary designation revokes all prior designations. Forms with information crossed out or white out used will not be accepted. The right to change the beneficiary is the right of the **Owner**. Please include the certificate number, owner signature, witness signature and date on any additional pages needed for your designation.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false or misleading information is guilty of a crime and may be subject to fine and confinement in prison.

- \*Note: If you live in one of the following community property states (AZ, CA, ID, LA, NM, NV, TX, WA, WI, PR and Guam), and have a legal spouse, your spouse must also sign this form.
- A beneficiary cannot sign as a witness.
- **A Notary Signature is required on certificates of \$50,000 and up.**

\_\_\_\_\_  
Owner's Signature Date Signature of Owner's Spouse\* Date

\_\_\_\_\_  
Signature of Insured (See Instructions) Date

\_\_\_\_\_  
Witness/Notary Public Signature Date

For Home Office Use Only

Recorded: \_\_\_\_\_ Secretary: \_\_\_\_\_