



2721 North Central Avenue, Phoenix, Arizona 85004-1172
 (866) 641-9999

CHANGE OF BENEFICIARY FORM

Please read all instructions carefully and complete all applicable sections of this form. A photocopy of a signed, government issued ID such as a driver's license; state ID or passport must be submitted with the completed form. If no ID is available, the form must be notarized. Unclear or missing information may delay or prevent processing. Sign and date the form and submit all pages.

INSURED'S NAME			POLICY/CONTRACT NUMBER	
OWNER'S NAME(S)			SOCIAL SECURITY NUMBER (S)	
ADDRESS			HOME TELEPHONE #	
CITY	STATE	ZIP	BUSINESS TELEPHONE #	

NOTE: Two or more beneficiaries share equally unless otherwise stated. The new designation cancels all previous beneficiary designations and elections of options, subject to the rights of any existing assignment. Unless otherwise indicated, the right to change the beneficiary is reserved by the owner(s). If a trust is being named, indicate the full name of the trust and the date it was established and fill out the section at the top of the next page. A copy of the trust must be on file with the Company to effect a change of beneficiary. For each Beneficiary give full name, address, date of birth, Social Security number, relationship to insured, and percentage of proceeds.

Primary Beneficiaries:

FULL NAME AND ADDRESS	DATE OF BIRTH	SSN	RELATIONSHIP	SHARE

Irrevocable Beneficiary(ies): If this box is checked, the Primary Beneficiary(ies) named above is/are irrevocable, and no changes to the Policy, including a change of Beneficiary(ies), may be made by the Owner(s)/Trustee(s)/Donee(s) without the consent of the Beneficiary(ies) shown above.

Contingent Beneficiaries:

FULL NAME AND ADDRESS	DATE OF BIRTH	SSN	RELATIONSHIP	SHARE

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Additional Information Required When a Trust is a Beneficiary

Trust(ee) Designation (applies only if a trust has been created in an executed trust agreement)

Name of Trustee(s): _____

Address _____ City _____ State _____ Zip Code _____

and successor(s) in trust, as Trustee(s) under _____
 (“Title of Agreement”)

Dated _____, executed by me and said Trustee(s).

The Company shall not be responsible for the application or disposition of the proceeds by said trustee(s), and the receipt of the proceeds by said Trustee(s) shall be full discharge of the liability of the Company under the Policy. The Company is also not responsible for any change to the status of a trust that it has not been notified of in writing.

If this form is executed by the current owner (who is not the insured), it is understood and agreed that if the Company receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured’s death, the beneficiary shall be the insured’s Estate, and payment to the estate’s legal representative based on such proof shall be full discharge of liability of the Company under the Policy.

Trust(ee) (Under Will) Designation (applies only if a trust has been set forth in your Will)

The trust(ee) under any last Will and Testament of mine as shall be admitted to probate.

If for any reason whatsoever, no Trust(ee) under any such last Will and Testament shall be duly appointed, I hereby designate My Estate as beneficiary and any payment made in good faith to the legal representative of my estate shall be full discharge of the liability of the Company under the Policy.

The owner(s) signature(s) must be signed exactly as the contract application is signed. Do not abbreviate your name unless it appears that way on the original application. If more than one person owns this contract, the signatures of all of the owners are required. If a trust is the owner, a certified copy of the trust document must be on file with the Company checked above.

If any Owner resides in Massachusetts, a signature witnessed by a disinterested person over 18 who is not being named as a beneficiary. In all other states, including the signature of a witness is encouraged.

The Company reserves the right to declare this form void and of no effect if it is incomplete or completed in an unsatisfactory manner.

Dated this _____ day of _____, 20____, at _____, _____
 City State

 Signature – Owner

 Signature – Joint Owner (if any)

 Signature – Irrevocable Beneficiary or Assignee (if any)

 Signature – Spouse (Required in the following states due to community property laws: AZ, CA, ID, LA, NM, NV, TX, WA and WI)

 Signature - Witness

-----Home Office Use Only-----

Acknowledgement is hereby made on behalf of the Company by: _____
 Signature of Home Office Representative Date