

# Beneficiary Designation/Change Form

The insurance company automatically designates beneficiaries to the first surviving class of the following class of persons: your spouse; your child or children; your mother or father; your sisters or brothers; and finally, your estate. If you wish to designate your beneficiaries differently than this sequence, you must complete this form and return it to the Policyholder.

**Insured Information**

Policy Number: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

**Primary Beneficiary Information** – List your beneficiary(ies) and the percentage payable to each. If no percentage is indicated, the beneficiaries will share the benefit equally.

Name	Relationship	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total=		100%

**Contingent Beneficiary Information** – A contingent beneficiary will only receive a benefit if all primary beneficiaries are deceased. The contingent beneficiary for all benefit plans is your estate unless you choose another beneficiary. If you choose a contingent beneficiary other than your estate, list the beneficiary(ies) and the percentage payable to each below. If no percentage is indicated, the beneficiaries will share the benefit equally.

Name	Relationship	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total=		100%

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_