## Colonial Life.

## **Change of Beneficiary Form**

Insured   Sname:   First:   Melissa   Dobe: 12/09/1966   Telephone: 502-821-2499   Email: esashane3004@gmail.com	l am changing the following: Primary Beneficiary Contingent Beneficiary Doth (If no box is checked, the form will be reviewed only for the beneficiary designations listed.)										
Address: 3004 Treeview Court   Oty: Louisville   State: KY   ZP: 40214   Policy number(s): 6098915850	Insured's name: First: Melissa				Middle Initial: C		Last:	Abell			
Policy number(s): 6098915850	SN: 404-90-1988 DOB: <u>12/09/1966</u>				Telephone: 502-821-2499 Em			: esashane3004@gmail.com			
Naming a Minor as a Beneficiary: in some instances, Colonial Life may not be able to pay life insurance proceeds to a minor beneficiary unless a court appointed adult guardian, conservator or stodiadin has been properly designated for the minor's property in advance planning documents. When Colonial Life is unable to disperse benefits in such stuations, conservator or stodiadin has been properly designated for the minor's property in advance planning documents. When Colonial Life is unable to disperse benefits in such stuations, conservator or stodiadin has been properly designated and the man of the trust, the date the trusts were seen due to the industrial to design and the consequences of naming an innor as a beneficiary, the learn and the trust, the date the trusts were seen labelled, and the address of where the trust is held.  Naming a Financial Nome: Provide the name of the trust, the date the trusts were stablished, and the address of where the trust is held. Naming a Financial Nome: Provide the name full address, and the owner or authorized personnel of the furneral home. Write "As interest May Appear" and designate another primary beneficiary to receive any remaining benefits availables after the furneral home. Write "As interest May Appear" and designate another primary beneficiary to receive any remaining benefits availables after the furneral home. Write "As interest May Appear" and designate another primary beneficiary to percentages must equal 100%. Attach additional pieces of paper if more spaces is needed.  First: Eric	Address: 3004 Treeview Court			City:	City: Louisville State: KY			ZIP: Z	40214		
conservator or custodian has been properly designated for the minor's properly in advance planning documents. When Colonal Life is unable to disperse benefits in such situations, and the unable of the proceeds with interest amend on the funds juntil the minor caches the age of majority. If you have questioned about the consequences of naming a minor as a beneficiary, left free to discuss with a legal or estate planning professional.    Primary beneficiary for feel the to discuss with a legal or estate planning professional. Naming a Function of the funds of the name of the trust was established, and the address of where the trust is held.   Naming a Function of the name of the trust was established, and the address of where the trust is held.   Naming a Function of the name of the trust was established, and the address of where the trust is held.   Naming a Function of the name of the fund of the fund of the name of the name of the fund of the name of the name of the fund of the name of the fund of the name of the name of the name of the name of the fund of the name o	Policy number(s): 6098915850										
### Primary Beneficiary (les)   #f selecting more than one Primary Beneficiary, the percentages must equal 100%. Attach additional pieces of paper if more space is needed.	conservator or custodian has been properly designated for the minor's property in advance planning documents. When Colonial Life is unable to disperse benefits in such situations, Colonial Life will hold the proceeds (with interest earned on the funds) until the minor reaches the age of majority. If you have questions about the consequences of naming a minor as a beneficiary, feel free to discuss with a legal or estate planning professional.  Naming a Trust: Provide the name of the trust, the date the trust was established, and the address of where the trust is held.  Naming a Funeral Home: Provide the name, full address, and the owner or authorized personnel of the funeral home. Write "As Interest May Appear" and designate another primary										
DOB: _10/08/1988	Primary nonaticiary/i loc i										
Address: 3004 Treeview Court   City: Louisville   State: KY   ZiP: 40214   100	First: Eric Middle initial:			: S	S Last: Abell				Percentage		
First:   Middle initial:   Last:   Telephone:   State:   KY   ZIP: 40214   Percentage	DOB: 10/08/1988	08/1988 SSN: 401-37-3465			Telephone: 502			213		100	
DOB:   SSN:   Telephone:   State:   ZIP:	Address: 3004 Treeview Co	urt		City: Lou	uisville		State: <b>KY</b>	ZIP: 40214	4	100	
Address:   City:   State:   ZIP:	First: Middle initial:			:	Last:					Percentage	
First:   Middle initial:   Last:   Telephone:     State:   ZIP:	DOB: SSN:			Telephone:							
DOB:   SSN:	Address:			City:			State: ZIP:				
Address:    City:   State:   ZIP:	First: Middle init		Middle initial	tial: Last:						Percentage	
Contingent beneficiary(ies)  If at the time of the insured's death and all primary beneficiaries are disqualified or die before the insured, proceeds will be paid to the contingent beneficiaries listed in equal shares. If selecting more than one contingent beneficiary, the percentage must equal 100%. Attach additional pieces of paper if more space is needed.  First: Angela  Middle initial: R  Last: Brumfield  Percentage  DOB: SSN: 404-90-0433  Address: 4025 Blossomwood Drive  City: LouisivIle  State: KY ZIP: 40220  100  Required signature (complete this section in its entirety)  Mar 8, 2021  Mar 8, 2021  Print policy owner name: Melissa C. Abell  SSN: 404-90-1988	DOB:	: SSN:				Telephone:					
the contingent beneficiary (ies)  the contingent beneficiaries listed in equal shares. If selecting more than one contingent beneficiary, the percentage must equal 100%. Attach additional pieces of paper if more space is needed.  First: Angela  DOB: _07/20/1970 SSN: 404-90-0433	Address:			City:			State: ZIP:				
DOB:	Contingent beneficiary(ies) the contingent beneficiaries listed in equal shares. If selecting more than one contingent beneficiary, the percentage must equal 100%.										
Address: 4025 Blossomwood Drive   City: LouisivIle   State: KY   ZIP: 40220   100    First:   Middle initial:   Last:   Percentage    DOB:   SSN:   Telephone:   ZIP:    Address:   City:   State:   ZIP:    Required signature (complete this section in its entirety)    Mar 8, 2021    Mar 8, 2021    Date (MM/DD/YWY)    Print policy owner name:   Melissa C. Abell   SSN: 404-90-1988	First: Angela	Angela Middle initial: R			Last: Brumfield					Percentage	
First: Middle initial: Last: Percentage  DOB: SSN: Telephone:  Address: City: State: ZIP: 40220  Required signature (complete this section in its entirety)  Mar 8, 2021  Mar 8, 2021  Print policy owner name: Melissa C. Abell  SSN: 404-90-1988	DOB: <u>07/20/1970</u>	SSN: 404-90-0433		<b>}</b>		Telephone: 502-389-96		94		100	
DOB: SSN: Telephone:  Address: City: State: ZIP:  Required signature (complete this section in its entirety)  Mar 8, 2021  Signature of policy owner  Print policy owner name: Melissa C. Abell  SSN: 404-90-1988	Address: 4025 Blossomwood Drive			City: LouisivIIe		State: K		ZIP: 4022	0	100	
Address:  City: State: ZIP:  Required signature (complete this section in its entirety)  Mar 8, 2021  Melissa C. Abell  Melissa C. Abell (Mar 8, 2021 10:54 EST)  Signature of policy owner  Print policy owner name: Melissa C. Abell  SSN: 404-90-1988	First:	Middle initial:		:	Last:					Percentage	
Required signature (complete this section in its entirety)  Mar 8, 2021  Mar 8, 2021  Date (MM/DD/YYY)  Print policy owner name: Melissa C. Abell  SSN: 404-90-1988	DOB:					Telephone:					
Mar 8, 2021  Melissa C. Abell (Mar 8, 2021 10:54 EST)  Signature of policy owner  Print policy owner name: Melissa C. Abell  SSN: 404-90-1988	Address:		City:			State:	ZIP:				
Signature of policy owner  Print policy owner name: Melissa C. Abell  SSN: 404-90-1988	Required signature (complete this section in its entirety)										
Print policy owner name: Melissa C. Abell  SSN: 404-90-1988	Meussa C. Abell (Mar 8, 2021 10:54 EST)										
10/100/1000	District BA-II-		oi policy owner							, ,	
DUB: 12/03/1300   lelephone: 5U2-821-2499   Email: ESAShane30U4@gmail.com	10/00/1000	-	04.0400		-		- 000 1	*		1988	
Address: 3004 Treeview Court  Locuisville  State: KY  ZIP: 40214											

**Special Notice for Residents of a Community Property State:** A spouse or former spouse may have an interest in life insurance proceeds or any accumulated cash value if the policy premiums were paid with community funds. It is your responsibility to consult your legal advisor to 1) ensure that any required consent from a spouse or former spouse has been received and 2) ensure that your spouse or former spouse will not be able to make a claim against any policy values and/or proceeds in the event any policy benefits become payable.