



Change of Beneficiary Form

I am changing the following: ☐ Primary Beneficiary ☐ Contingent Beneficiary ☒ Both (If no box is checked, the form will be reviewed only for the beneficiary designations listed.)

Insured's name:	First: Melissa	Middle Initial: C	Last: Abell
SSN: 404-90-1988	DOB: 12/09/1966	Telephone: 502-821-2499	Email: esashane3004@gmail.com
Address: 3004 Treeview Court		City: Louisville	State: KY ZIP: 40214
Policy number(s): 6098915850			

General Information	<p>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 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.</p> <p>Naming a Trust: Provide the name of the trust, the date the trust was established, and the address of where the trust is held.</p> <p>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 beneficiary to receive any remaining benefits available after the funeral home's expenses have been paid.</p>

Primary beneficiary(ies)		All fields must be completed for each beneficiary. Unless otherwise specified, proceeds will be paid in equal shares to surviving beneficiaries. If selecting more than one Primary Beneficiary, the percentages must equal 100%. Attach additional pieces of paper if more space is needed.			
First: Eric	Middle initial: S	Last: Abell		Percentage	
DOB: 10/08/1988	SSN: 401-37-3465	Telephone: 502-851-8213		100	
Address: 3004 Treeview Court		City: Louisville State: KY ZIP: 40214			

First:	Middle initial:	Last:	Percentage
DOB:	SSN:	Telephone:	
Address:		City: State: ZIP:	

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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: 07/20/1970	SSN: 404-90-0433	Telephone: 502-389-9694		100	
Address: 4025 Blossomwood Drive		City: Louisville State: KY ZIP: 40220			

First:	Middle initial:	Last:	Percentage
DOB:	SSN:	Telephone:	
Address:		City: State: ZIP:	

Required signature (complete this section in its entirety)	
<u>Melissa C. Abell</u> <small>Melissa C. Abell (Mar 8, 2021 10:54 EST)</small>	Mar 8, 2021 <small>Date (MM/DD/YYYY)</small>
Signature of policy owner	
Print policy owner name: Melissa C. Abell	SSN: 404-90-1988
DOB: 12/09/1966	Telephone: 502-821-2499 Email: ESAShane3004@gmail.com
Address: 3004 Treeview Court Louisville 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.