



## CHANGE OF BENEFICIARY FORM

Please read all instructions carefully and complete all applicable sections of this form. Unclear or missing information may delay or prevent processing. Sign and date the form and submit all pages.

POLICY NUMBER			
OWNER'S NAME			OWNER'S SOCIAL SECURITY NUMBER
JOINT OWNER'S NAME			JOINT OWNER'S SOCIAL SECURITY NUMBER
MAILING ADDRESS			
CITY	STATE	ZIP	<input type="checkbox"/> CHECK THIS BOX TO REQUEST A CHANGE OF ADDRESS
STREET ADDRESS ( <b>REQUIRED</b> IF MAILING ADDRESS IS PO BOX)			TELEPHONE NUMBER
CITY	STATE	ZIP	E-MAIL ADDRESS

For each beneficiary give full name, address, date of birth, Social Security number, relationship to insured, and percentage of death benefit. The sum of percentages for each beneficiary type (primary and contingent) must equal 100%. If percentages are left blank, all beneficiaries will receive equal shares. If you wish to designate more than four primary or contingent beneficiaries, attach a signed and dated sheet listing additional beneficiaries including all details requested in the beneficiary designation section.

## PRIMARY BENEFICIARIES

FULL NAME		ADDRESS	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO INSURED	PERCENTAGE
FULL NAME		ADDRESS	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO INSURED	PERCENTAGE
FULL NAME		ADDRESS	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO INSURED	PERCENTAGE
FULL NAME		ADDRESS	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO INSURED	PERCENTAGE

## CONTINGENT BENEFICIARIES

FULL NAME		ADDRESS	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO INSURED	PERCENTAGE
FULL NAME		ADDRESS	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO INSURED	PERCENTAGE
FULL NAME		ADDRESS	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO INSURED	PERCENTAGE
FULL NAME		ADDRESS	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO INSURED	PERCENTAGE

## INSTRUCTIONS FOR TRUST BENEFICIARIES

**If a trust is named above as a beneficiary, provide the additional information requested below regarding the trust.**

The Company shall not be responsible for the application or disposition of the proceeds by the trustee(s), and the receipt of the proceeds by the trustee(s) shall be full discharge of the liability of the Company under the Policy. The Company is also not responsible for any change of trustee or change to the status of a trust unless written evidence of the change is received at the Company's Home Office.

If a trust is named as a beneficiary and no qualified trustee makes claim to the proceeds within one year after the Company receives notice of the Insured's death, or if the Company receives evidence satisfactory to it within that year showing that no trustee can qualify to receive payment or that a living trust designated as beneficiary was not in effect at the Insured's death, then the proceeds will be paid as if the trust was not a beneficiary. Payment based on such proof shall be full discharge of liability of the Company under the Policy.

Check one of the following boxes to identify the type of trust. For a living trust, provide the requested information.

☐ Living Trust Described Below

Name of Trustee(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Complete Name of Trust \_\_\_\_\_

Date of Trust Agreement \_\_\_\_\_

☐ Testamentary Trust Created Pursuant to the Insured's Will

## OPTIONAL IRREVOCABLE BENEFICIARY PROVISION

**Irrevocable Beneficiary Designation:** If you wish to make a primary beneficiary designation named above irrevocable, print the irrevocable beneficiary's name in one of the spaces below and initial in the box next to that irrevocable beneficiary's name. **An irrevocable beneficiary receives a vested interest in the policy, and no changes to the policy, including surrender or a change of the beneficiaries, may be made by the owner without the consent of all irrevocable beneficiaries. If you do not initial the box next to the beneficiary's name below, the designation will be treated as revocable.**

OWNER  
INITIALS

OWNER  
INITIALS

\_\_\_\_\_  
IRREVOCABLE PRIMARY BENEFICIARY'S NAME

\_\_\_\_\_  
IRREVOCABLE PRIMARY BENEFICIARY'S NAME

## SIGNATURES AND AUTHORIZATION

**SPOUSAL CONSENT:** If you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA and WI) and your spouse is not named as the sole primary beneficiary, your spouse's signature is required.

☐ If you are not married, or if your spouse is deceased, check this box.

I have read, understand and agree to the contents of this form. I revoke any prior designation of beneficiaries.

\_\_\_\_\_  
Signature – Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Joint Owner (if applicable)

\_\_\_\_\_  
Date

☐ Trustee or ☐ Officer Title: \_\_\_\_\_

☐ Trustee or ☐ Officer Title: \_\_\_\_\_

\_\_\_\_\_  
Signature - Witness

**If any owner resides in Massachusetts, a disinterested person who is over 18 and who is not named as a beneficiary must sign as a witness to the owner's signature. In all other states, including the signature of a witness is encouraged.**

\_\_\_\_\_  
Signature – Spouse (if required)

\_\_\_\_\_  
Signature – Irrevocable Beneficiary or Collateral  
Assignee (if any)

**If you are signing on behalf of the owner, print your name, sign below and check the box that describes the capacity in which you are signing.**

☐ Conservator

☐ Guardian

☐ Power of Attorney dated: \_\_\_\_\_ (mm/dd/yy)

I certify that the conservatorship, guardianship or power of attorney authorizing me to act for the policy owner has not been terminated or modified in any way that would affect my ability to act for the policy owner. I agree to indemnify, defend and hold Oxford Life Insurance Company harmless for, from and against any losses, liability, claims and costs (including attorney's fees) resulting from acting on my instructions.

Signature: \_\_\_\_\_

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

## INSTRUCTIONS

### Signature Requirements

All applicable required signatures must be included when submitting this form. Processing will be delayed if signature requirements are not satisfied.

**Spouse Signatures** – If the owner resides in a community property state (currently AZ, CA, ID, LA, NM, NV, TX, WA and WI), the owner's spouse must also sign this form. Unless the company has received written notice of a community property interest in the policy, the company will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry.

**Trust** – All trustees must sign if required by the trust agreement. A copy of the trust agreement and a current Trustee Certification and Indemnification form must be on file before a withdrawal can be processed. Check the "Trustee" box below the owner signature line.

**Guardian or Conservator** – The guardian or conservator must sign and check the "Guardian" or "Conservator" box, as applicable, to identify the capacity in which they are signing for the owner.

Provide a copy of the guardianship/conservator papers if not previously submitted.

**Power of Attorney** – The attorney-in-fact must sign and check the "Power of Attorney" box to identify the capacity in which they are signing for the owner. Print the date of the power of attorney in the space provided on the signature page. Provide a copy of the power of attorney (if not previously provided).

**Corporation** – Check the "Officer Title" box below the owner signature line and write the title of the officer signing for a corporate owner in the space next to it. Provide a copy of the corporate resolution evidencing the officer's signing authority.

**Irrevocable Beneficiary** – If you previously named an irrevocable beneficiary, the irrevocable beneficiary's signature is required.

**Collateral Assignee** – If the policy has been assigned as collateral, all assignees must sign.

**Important notice regarding jointly owned annuities** – If you are submitting this change of beneficiary form for a jointly owned policy, please first review the terms of your policy carefully. The death benefit will be payable to the primary beneficiary upon the death of any owner. If you intend for the surviving owner to be the primary beneficiary, be sure to designate the surviving joint owner as the 100% primary beneficiary.

Oxford Life Mailing Address and Contact Information	
Regular or Overnight Mail	2721 North Central Avenue, Phoenix, Arizona 85004
Fax	(877) 584-2777
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Website	www.oxfordlife.com