

# Beneficiary Change Form

**Policy Number:** ABC123456    **Customer Name:** John Smith

**Policy Number:** ABC123456

**Policyholder Name:** John Smith

**Current Primary Beneficiary:** Mary Smith

**New Primary Beneficiary Name:** Jane Smith

**Relationship to Policyholder:** Child

**New Beneficiary Date of Birth:** 05/15/1995

**Percentage of Benefits:** 100%

**Policyholder Signature:**

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**Date:** \_\_\_\_\_

**Date of Request:** 10/22/2025

This is a computer-generated document.

Form generated on: 10/22/2025