

EMPLOYEE – Send this info to

POLICYHOLDER – Complete section 1 before giving to employee.

SECTION I Required for Identification	
Employer (or Policyholder) Name and Address	Group Number

SECTION II – CHANGE OF BENEFICIARY

I, _____, hereby revoke all previous
Name of Insured Person
nominations of beneficiaries under the Insurance on my life, including insurance for accidental death if any provided under Group Policy(ies) # _____

I nominate the following beneficiary(ies) with respect to all insurance now or hereafter provided under said policy(ies), in still reserving to myself the privilege of other and further changes, subject to the provisions of the policy or policies.

Full Name	Address	Relationship	Age	Social Security No.

If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) as survive me, unless otherwise provided herein. If no designated beneficiary survives me, settlement will be made as provided for in the policy(ies).

This change of beneficiary shall take effect as provided for in the policy(ies), and when received as so provided, the change shall be operative as of the date of this instrument whether or not I am alive at the time of such receipt, but without prejudice to the Company on account of any payment made by it before such receipt. The Company shall be bound by any trust deed, and shall not be liable for the application of monies by a trustee beneficiary.

SECTION III – CHANGE OR CORRECTION OF INSURED'S NAME OR BENEFICIARY'S NAME

It is hereby requested that the name of the ☐ INSURED ☐ BENEFICIARY appearing on the Insurance records
_____ as _____
be changed to _____ because of _____

I HEREBY AUTHORIZE the changes in Section II and/or III.

Date _____ Signature of Insured Person _____

ACKNOWLEDGMENT The authorized change(s) set forth in the foregoing instrument are hereby acknowledged.

Dated at _____ Authorized By _____

On _____ Title _____

It is most important for you that all information contained herein be CLEARLY stated. A copy will be acknowledged and returned to you. This form when completed should be submitted to your Employer so that your insurance records may be changed.

SUGGESTED WORDING PERTAINING TO SECTION II - CHANGE OF BENEFICIARY

<u>Type of Beneficiary</u>	<u>Wording to be used</u>
1. Insured's Estate	Insured's Estate
2. One beneficiary	Dorothy Q. Smith, wife
3. Two beneficiaries	Peter Smith, father, and Anna Smith, mother, equally, or the survivor.
4. Two beneficiaries in unequal shares	Peter Smith, father, as to three fourths (3/4) and Anna Smith, mother as to one fourth (1/4), or the survivor.
5. Three or more beneficiaries in unequal shares	Peter Smith, father, as to two fourths (2/4), Dorothy Q. Smith, wife, as to one fourth (1/4) and Anna Smith, mother, as to one fourth (1/4), the share of any deceased beneficiary to be pay able to the survivors, in such proportions as their original shares are distributed, or the survivor.
6. One Primary and one Secondary beneficiary	Dorothy Q. Smith, wife, if living; otherwise Quincy Smith, son.
7. One Primary and two Secondary beneficiary	Dorothy Q. Smith, wife, if living; otherwise Quincy Smith, son, and Mary Smith, daughter, equally, or the survivor.
*8. One Primary and unnamed children as Secondary beneficiaries	Dorothy Q. Smith, wife, if living; otherwise the children born of the marriage of the Insured and said wife, or the survivors, equally, or the survivor.
9. Two Primary beneficiaries and Secondary beneficiary	Peter Smith, father, and Anna Smith, mother, equally, or the one survivor, if either survives; otherwise Dorothy Q. Smith, wife.
*10. One Primary and one or more named and unnamed children as Secondary beneficiaries	Dorothy Q. Smith, wife, if living; otherwise Quincy Smith, son, Mary Smith, daughter, and any other children born of the marriage of the Insured and said wife, or the survivors, equally, or the survivor.
*11. One Primary beneficiary with Common Disaster Provision (specified period not to exceed 30 days)	Dorothy Q. Smith, wife, if she survives the Insured for a period of ten (10) days; otherwise the children born of the marriage of the Insured and said wife, or the survivors, equally, or the survivor.
12. Trustee	Dorothy Q. Smith, trustee under trust agreement dated
13. Trustee under the Last Will and Testament of Insured	The Trustees under the last Will and Testament of the Insured, provided said last Will and Testament has been allowed within six months after the death of the Insured by the Court having jurisdiction thereof; otherwise the Estate of the Insured.
14. Per stripes provision for named children and their children	Dorothy Q. Smith, wife, if living; otherwise such of Richard Smith, William Smith and Mary Smith, children, who may be living and the surviving children of any of said children who may be deceased, per stripes

*If it is the intent to include adopted children or stepchildren, add to the phrase children of the marriage of the Insured and said wife either (a) "and adopted children of either or both" or (b) "and the stepchildren of either" or (c) the names of the children intended. We will furnish you with the exact language necessary to your intent.

INSTRUCTIONS PERTAINING TO SECTION III - CHANGE OF NAME

This portion of the form is to be used in changing or correcting your name or beneficiary's name. Names should always be shown using given names: Example: Dorothy Q. Smith, and not as Mrs. John Smith. The same procedure should be followed when designating a beneficiary in Section II.

INSTRUCTIONS PERTAINING TO SECTION - INSURED'S AUTHORIZATION

This portion must be completed in every case as it authorizes the Company to comply with your request as set forth in Section II and/or III.

Note: Owing to legal, administrative and other technical difficulties, it is inadvisable to name beneficiaries residing outside of the territorial limits of the United States and Canada. Your Employer may not be named as beneficiary.