



# REQUEST FOR CHANGE BENEFICIARY/NAME

17900 N. Laurel Park Dr. • Livonia, MI 48152-3985 • (800) 624-1662

## BENEFICIARY CHANGE *(Complete this section if you are changing your beneficiary — PLEASE PRINT)*

I (we) hereby revoke any previous designation of beneficiary and request that proceeds of the policy/certificate be paid to the beneficiary(ies) below. Unless otherwise indicated, the owner reserves the right to further change beneficiaries. **If you designate more than one primary or contingent beneficiary, you have the option to assign percentages to equal 100%.** It is understood and agreed that, **unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the insured;** but if none survives, proceeds will be paid in equal shares to any contingent beneficiaries who survive the insured. **NOTE:** this change of beneficiary will NOT affect the beneficiary arrangement for any Family, Spouse's or Children's Rider that may be attached to the policy/certificate unless otherwise specifically provided. If the current beneficiary is irrevocable, please have them sign and date below.

Insured Name:  Policy/Certificate #:

Additional Insured Name:

I wish to change my **Primary Beneficiary(ies)** and **Contingent Beneficiary(ies)** to:

INSURED'S BENEFICIARIES			
PRIMARY Beneficiary(ies)	Relationship to Insured	Date of Birth	Benefit % (Total = 100%)
CONTINGENT Beneficiary(ies)	Relationship to Insured	Date of Birth	Benefit % (Total = 100%)
ADDITIONAL INSURED'S BENEFICIARIES			
PRIMARY Beneficiary(ies)	Relationship to Additional Insured	Date of Birth	Benefit % (Total = 100%)
CONTINGENT Beneficiary(ies)	Relationship to Additional Insured	Date of Birth	Benefit % (Total = 100%)

## NAME CHANGE *(Complete this section if you are changing your name — PLEASE PRINT)*

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Full Name) (Full Name)

Reason for change:  Marriage  Divorce  Other \_\_\_\_\_  
(Attach legal evidence)

I direct that any policy/certificate change requested above takes effect on the date this request is signed but without any liability to the Company on account of payment made or action taken by it before this request was received by the Company.

Signature of Policy/Certificate Owner \_\_\_\_\_ Date / / \_\_\_\_\_ Signature of Joint Policy/Certificate Owner \_\_\_\_\_ Date / / \_\_\_\_\_

Street Address of Policy/Certificate Owner \_\_\_\_\_ Street Address of Joint Policy/Certificate Owner \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### IF APPLICABLE:

Printed Name of Irrevocable Beneficiary \_\_\_\_\_ Signature of Irrevocable Beneficiary \_\_\_\_\_ Date / / \_\_\_\_\_