

# Primary Beneficiary Change Form

## Term Life Insurance

### 1. Policyholder Information

Full Name

Policy Number

Date of Birth

Phone Number

Mailing Address

### 2. New Primary Beneficiary Information

Full Name

Relationship to Insured

Date of Birth

Social Security Number

Address

Percentage (%)

### 3. Previous Primary Beneficiary

Previous Beneficiary Name (if applicable)

### 4. Authorization & Signature

By signing below, I request and authorize the change of primary beneficiary on my term life insurance policy as provided above. I understand that this request supersedes any previous beneficiary designation.

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Policyholder Signature

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Date

For questions, contact our customer support.