

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.

Policyholder Signature

Date

For questions, contact our customer support.