



BENEFICIAL LIFE INSURANCE COMPANY

Beneficiary Change Request

I. Policy Identification

Insured Name	Policy Number
Policyowner Name	Policyowner SSN/TIN
(____) _____ Policyowner Daytime Phone	(____) _____ Policyowner Evening Phone
Policyowner Address	
<input type="checkbox"/> Address or phone # listed is new. Address/phone change applies to: <input type="checkbox"/> All my policies <input type="checkbox"/> Only the following policy numbers:	

II. Beneficiary Designation

Individual Beneficiary

(If additional space is needed to designate beneficiaries, attach a separate piece of paper).

I hereby revoke all prior beneficiary designations and directions for settlement, if any, and change the beneficiary(ies) of the policy to the following:

Primary Beneficiary(ies) Full Name	Address	Social Security Number	Date of Birth	Relationship to Insured	% of Benefit
Contingent Beneficiary(ies) Full Name	Address	Social Security Number	Date of Birth	Relationship to Insured	% of Benefit

If any beneficiary named above is a minor, the proceeds will remain at interest with the Company until the minor reaches the age of majority, unless a financial guardian or conservator is appointed for the minor(s), or other distribution is legally permitted.

If the policy provides coverage on the insured's spouse or child(ren), **unless you designate otherwise, the beneficiary designation shall be:**

- Proceeds shall be payable upon the death of the insured's spouse who may be covered under terms of the policy to the insured, if living, otherwise to share and share alike.
- Proceeds shall be payable upon the death of any child who may be covered under the terms of the policy to the insured, if living, otherwise to the spouse of the insured if living, otherwise to the insured's surviving children to share and share alike.

It is understood and agreed that, unless otherwise directed, the proceeds of the policy will be paid to the Primary Beneficiary(ies) who survive(s) the insured by 15 days, but if none survive(s), the proceeds will be paid to the contingent beneficiary(ies) who survive(s) the insured by 15 days, but without liability to Beneficial Life on account of payment made before receiving at the Home Office, notice of the death of the beneficiary. If no beneficiary survives the insured the proceeds shall be paid to the estate of the insured. If a beneficiary dies before the insured and there are other beneficiaries of the same rank, the surviving beneficiaries of that rank shall take the share of the deceased benefit unless otherwise stated above. Beneficiaries of the same rank will share equally unless otherwise stated above. The term "children" includes any natural children of the insured and legally adopted children of the insured. The right to change the beneficiary(ies) is reserved unless otherwise stated above.

Trust as Beneficiary

Primary Contingent

_____ Trust Name

_____ Address

_____ Tax I.D. # Date of Trust Percent of Benefit

_____ Trustee Name Trustee Name

Beneficial Life Insurance Company assumes no obligation under the terms of the trust.

Business as Beneficiary

Primary Contingent

_____ Full Business Name

_____ Address

_____ Tax I.D. # Percent of Benefit

_____ Company Officer Name Title

III. Authorization

I request any provision of the policy requiring it to be submitted to the Company for endorsement be waived.

The beneficiary change will take effect on the date this request is signed, if approved by the Company, but without liability to Beneficial Life on account of payment made or action taken, before this request was received by the Company.

_____ Policyowner's Signature Date

_____ Joint Owner or Spouse Signature Date

_____ Other Signature – List Relationship to Policy Date

Authorization Instructions

1. The owner of the policy must sign the form, or someone authorized on the owner's behalf to do so (i.e., under Power of Attorney or Conservatorship).
2. If the policy is assigned as collateral security for a loan, the assignee must sign the form. Alternatively, the policyowner must obtain a release of assignment.
3. If the owner is a corporation, an authorized corporate officer must sign the form with notation of his/her title.
4. If the owner is a partnership, at least one partner must sign the form, with notation of his/her title. If it is a limited partnership, the general partner must sign the form with notation of his/her title.
5. If the owner is a trust, all trustees must sign the form with the word "trustee" after their signature.
6. If the policy was issued in a community property state, or if the policyowner currently lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), both spouses must sign the form.
 - a. If you do not provide us with your spouse's signature, please make notation of your current marital status.
 - b. In case of divorce, in order to ensure that spousal interest in community property has been protected, a copy of the relevant parts of the divorce decree is required (i.e., front page, signature page and any page referencing the insurance policy). If there is no mention of the insurance policy in the divorce decree, the former spouse must sign this form. If this is not possible, please contact our Customer Service Department at 1-800-283-2959.