

Policy Number \_\_\_\_\_

36 South State, Salt Lake City, Utah 84136



Telephone: (801) 933-1100 • (800) 233-7979

## BENEFICIAL LIFE INSURANCE COMPANY Policy Request for Name Change

### I. Policy Identification

Insured Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Policyowner Name \_\_\_\_\_

Policyowner SSN/TIN \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Daytime Phone

(\_\_\_\_) \_\_\_\_\_

Evening Phone

Policyowner Address \_\_\_\_\_

Address or phone # listed is new. Address/phone change applies to:  All my policies  Only the following policy numbers:

### II. Name Change

Please change the name on the above listed policy.

Change the name of \_\_\_\_\_  
Previous Full Name (please print)

to \_\_\_\_\_  
New Full Name (please print)

Reason for change: \_\_\_ Marriage \_\_\_ Adoption \_\_\_ Other (Explain) \_\_\_\_\_

*If name change is due to adoption, naturalization, or if it is a change of business name, additional information is required. Please call our Customer Service Department at 1-800-283-2959 for assistance.*

### III. Authorization

I request that any requirement that the policy be submitted to the Company for endorsement be waived.

The requested 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 acknowledged by the Company. The undersigned owner hereby certifies, under penalties of perjury, that the Social Security Number/Tax I.D. Number provided is correct.

\_\_\_\_\_  
Policyowner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Signature – List Relationship to Policy

\_\_\_\_\_  
Date

#### Authorization Instructions

- 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).
- 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.
- If the owner is a corporation, an authorized corporate officer must sign the form with notation of his/her title.
- 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 with notation of her/her title.
- If the owner is a trust, all trustees must sign with the word "trustee" after their signature.
- 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.
  - If you do not provide us with your spouse's signature, please make notation of your current marital status.
  - 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.

Recorded by: \_\_\_\_\_ Date \_\_\_\_\_