



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 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 unless otherwise specifically provided. If the current beneficiary is irrevocable, please have them sign and date below.

Insured Name:

Policy #:

Additional Insured Name:

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

INSURED'S BENEFICIARIES

PRIMARY Name	Address	Relationship	SSN/Tax ID #	Date of Birth	Benefit % (Total = 100%)
CONTINGENT Name	Address	Relationship	SSN/Tax ID #	Date of Birth	Benefit % (Total = 100%)

ADDITIONAL INSURED'S BENEFICIARIES

PRIMARY Name	Address	Relationship	SSN/Tax ID #	Date of Birth	Benefit % (Total = 100%)
CONTINGENT Name	Address	Relationship	SSN/Tax ID #	Date of Birth	Benefit % (Total = 100%)

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

From: _____ (Full Name) To: _____ (Full Name)

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

I direct that any policy 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 Owner _____ Date / / _____ Signature of Joint Policy Owner _____ Date / / _____

Street Address of Policy Owner _____ Street Address of Joint Policy Owner _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

IF APPLICABLE:

Printed Name of Irrevocable Beneficiary _____ Signature of Irrevocable Beneficiary _____ Date / / _____