

REQUEST FOR CHANGE OF BENEFICIARY

Insured:
Address:

Policy Number(s):

I(We), the owner(s) of the above numbered policy, hereby request that the beneficiary of such policy be changed as follows:

PLEASE PRINT NAMES IN FULL AND GIVE ADDRESS AND RELATIONSHIP OF EACH PERSON TO THE INSURED:

Primary Beneficiary: _____

if surviving the Insured. (If more than one person is named, benefits will be paid in equal shares to the survivors unless indicated otherwise.)

OTHERWISE TO:
Contingent Beneficiary: _____

if surviving the Insured. (If more than one person is named, benefits will be paid in equal shares to the survivors unless indicated otherwise.)

If no beneficiary survives the Insured, the proceeds will be paid as provided in the policy. If no provision is made in the policy, then proceeds will be paid to the estate of the Insured. Such payment will be made in one sum with any installment payments being commuted.

Unless otherwise stated, the owner(s) reserve(s) the right to further change beneficiary without the beneficiary's consent.

Signed at _____ on _____ 20____
City State Date

Witness to opposite signature Owner

Witness to opposite signature Co-owner (if any)

Witness to opposite signature Irrevocable Beneficiary (if any)

DO NOT WRITE BELOW THIS LINE

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Date Approved _____

By _____
FOR AMERICAN FIDELITY ASSURANCE COMPANY

