USAble Life

Beneficiary Change Form

Date Received Home Office

P.O. Box 1650
Little Rock, Arkansas 72203-1650

Insured Name (First, MI, Last)	Birthdate	Social Security Number
Address Street City State ZIP		Daytime Telephone
Employer Name (if applicable)		Policy Number

For Individual Life Policies Only: If the Policyowner is different from the insured, the policy owner ***must*** complete this form.	Policyowner Name (if other than Insured)

I hereby designate the following beneficiary(ies) under the following coverage(s) and revoke the appointment of any existing beneficiary(ies):

Policy Number	**Type of Policy/Certificate**

PRIMARY BENEFICIARY(IES) - Will receive proceeds if living at death of Insured:

Last Name	**First Name**	**MI**	**Social Security #**	**Birthdate**	**Relationship**	**Percentage**
					Total =	0 **(Total must equal 100%)**

CONTINGENT BENEFICIARY(IES) - Will receive proceeds if Primary Beneficiary(ies) are also deceased at death of Insured:

Last Name	**First Name**	**MI**	**Social Security #**	**Birthdate**	**Relationship**	**Percentage**
					Total =	0 **(Total must equal 100%)**

Dated at _____ , this the _____ day of _____, _____ .

_____ Signature of Insured

_____ Signature of Policyowner (if other than Insured)

THIS BENEFICIARY DESIGNATION NOT VALID UNTIL RECEIVED AND ACCEPTED BY THE HOME OFFICE OR GROUP ADMINISTRATOR IF SELF-ADMINISTERED.

See Page 2/Reverse Side For Instructions

INSTRUCTIONS

1. The signature of the Insured and Policyowner (if other than Insured), is required.
2. This form must be completed, signed, and forwarded to the Home Office.
3. Give full legal name of each beneficiary and relationship to the Insured.

SAMPLE BENEFICIARY DESIGNATIONS

1. UNNAMED CHILDREN AS BENEFICIARIES: The legal, natural or adopted child or children of the Insured.
2. PARTNERSHIP AS BENEFICIARY: Doe & Company, 100 North Main, Anytown, USA, a partnership composed of John H. Doe and Richard A. Doe.
3. CORPORATION AS BENEFICIARY: Doe & Company, 100 North Main, Anytown, USA, a corporation organized under the laws of the State of Arkansas.
4. TRUST AS BENEFICIARY: John H. Doe, Trustee under Trust Agreement dated _____, _____.
5. CHARITY: American Cancer Society, 234 Main, Anytown, USA.