



P.O. Box 1650
 Little Rock, Arkansas 72203-1650
 Telephone (501) 375-7200
 (800) 648-0271

Beneficiary Change Form

Date Received at Home Office

Insured Name (First, MI, Last)		Birthdate		Social Security Number	
Address Street		City		Sate	ZIP
Employer Name		Group Number		Policy Number	

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

- Voluntary Group Life
- 10 Year Term
- Voluntary AD&D
- Term Life - 5 Year R&C
- _____

PRIMARY BENEFICIARY(IES):

Last Name	First Name	MI	Birthdate	Relationship	Percentage

CONTINGENT BENEFICIARY(IES):

Last Name	First Name	MI	Birthdate	Relationship	Percentage

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

City & State

Month

Year

 Signature of Insured

THIS BENEFICIARY DESIGNATION NOT VALID UNTIL RECEIVED AND ACCEPTED BY THE HOME OFFICE.

See Reverse Side For Instructions

INSTRUCTIONS

1. The signature of the 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. ONE BENEFICIARY: Mary J. Doe, Wife.
2. TWO BENEFICIARIES: John H. Doe, Father; and Mary J. Doe, Mother.
3. UNNAMED CHILDREN AS BENEFICIARIES: The lawful child or children of the Insured.
4. PARTNERSHIP AS BENEFICIARY: Doe & Company, 100 North Main, Little Rock, Arkansas, a partnership composed of John H. Doe and Richard A. Doe.
5. CORPORATION AS BENEFICIARY: Doe & Company, 100 North Main, Little Rock, Arkansas, a corporation organized under the laws of the State of Arkansas.
6. TRUST AS BENEFICIARY: John H. Doe, Trustee under Trust Agreement dated _____, _____.