

Life Insurance Change of Beneficiary Agreement

Policy Information

Policyholder Name

Policy Number

Insured Person (if different)

Current Beneficiary Information

Current Primary Beneficiary Name

Relationship to Policyholder

New Beneficiary Information

Full Name

Relationship to Policyholder

Percentage (%)

Date of Birth

Address

Contingent Beneficiary (Optional)

Full Name

Relationship to Policyholder

Percentage (%)

Address

Agreement

I hereby request and authorize the change of beneficiary as indicated above and certify that all information provided is accurate to the best of my knowledge.

Signature of Policyholder

Date:

Witness (if required)

Date: