



LIFE INSURANCE BENEFICIARY CHANGE REQUEST INSTRUCTIONS

Please read carefully then complete pages two and three and return all three pages.	
<p>1. I am designating the following beneficiary(ies) for my life insurance contract. I understand the importance of also naming a contingent beneficiary(ies).</p> <p><input type="checkbox"/> One or more adults (<i>Read "Designating one or more adults as beneficiaries"</i>)</p> <p><input type="checkbox"/> A minor child (<i>Read "Designating a minor child as beneficiary"</i>)</p> <p><input type="checkbox"/> A trust (<i>Read "Designating a trust as beneficiary"</i>)</p>	
<p>Designating one or more adults as beneficiaries</p>	<p>Adult(s) as beneficiary(ies). When one primary beneficiary is designated to receive 100% of the proceeds, please assign one or more contingent beneficiaries in the event the primary beneficiary or beneficiaries predecease the insured.</p> <p>If multiple beneficiaries are designated, provide a numerical percentage amount, even if the amount should be divided equally among all beneficiaries. The total percentage must equal 100% for primary beneficiaries.</p> <p>If contingent beneficiaries are designated, the total percentage must also equal 100%.</p> <p>For each beneficiary designee, it is essential to provide:</p> <ul style="list-style-type: none"> ● Beneficiary's full legal name and address ● Date of birth ● Social Security Number ● Relationship to the insured
<p>Designating a minor child as beneficiary</p>	<p>Minor child as beneficiary. When designating a minor child as the beneficiary, ensure the designation is in agreement with your state's Uniform Transfer to Minor Act (UTMA) or Uniform Gift to Minors Act (UGMA), whichever is applicable.</p> <ul style="list-style-type: none"> ● The adult custodian's legal name must be provided and written "For the benefit of" with the child's complete legal name. ● Only the custodian's name and phone number are required. ● The child's identifying information must be provided since he/she is the beneficiary of the policy, not the custodian. <p>Example: (<u>Adult Custodian's Name</u>) for the benefit of (<u>Minor Child's Name</u>) under the Uniform Transfer of Minor's Act.</p>
<p>Designating a trust as beneficiary</p>	<p>Trust as beneficiary. When designating a trust as the beneficiary, the trust must already exist or come into existence at the insured's death.</p> <ul style="list-style-type: none"> ● List the full name and address of the individual(s) named as trustee(s) and to the designation(s) which must state: "as per trust agreement dated mm/dd/yyyy." <p>Example: (<u>Trustee's Name</u>) as trustee of the (<u>Trust Name</u>) revocable (or irrevocable) Trust dated (<u>mm/dd/yyyy</u>).</p> <hr/> <p>Creating a trust upon the insured's death. When naming a trust to be created upon the insured's death, the designations must state: "The trustee of the testamentary trust created in Section XX of my probated last will, dated mm/dd/yyyy."</p>
<p>Witness Signature</p>	<p>The witness must be 1) at least age 18 or older and 2) a disinterested third party, meaning someone other than the policy owner, beneficiary(ies) or contingent beneficiary(ies).</p>



LIFE INSURANCE BENEFICIARY CHANGE REQUEST

The original version of this document will remain at the High Court office in the member's file. A copy bearing the Corporate Secretary's endorsement will be returned and the owner should attach it to the insurance policy. It is highly recommended the insured is not named a beneficiary.

Policy Owner Name	Insured Name	Policy Number(s)
Policy Owner Mailing Address (Street, City, State, ZIP)		Policy Owner date of birth
Policy Owner email		Policy Owner phone

I direct the beneficiary(ies) designated under the above numbered insurance policy(ies) to read as follows and receive any amount payable under the policy(ies) in the event of my death.

A. PRIMARY BENEFICIARY(IES) DESIGNATIONS (Use complete legal names)

I name the following revocable beneficiary(ies) to receive any amount under the policy in the event of my death.

1	Beneficiary 1 is: <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Trust		Custodian Name (if applicable)	Custodian Phone
	Beneficiary (If an individual, First, Middle Initial, Last Name)			Share %
	Beneficiary Mailing Address (Street, City, State, ZIP)			
	Phone	Date of birth	SSN or TIN	Relationship to insured
	Email		Country of Citizenship	If foreign, Country, Province/Territory

2	Beneficiary 2 is: <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Trust		Custodian Name (if applicable)	Custodian Phone
	Beneficiary 2 (If an individual, First, Middle Initial, Last Name)			Share %
	Beneficiary 2 Mailing Address (Street, City, State, ZIP)			
	Beneficiary Phone	Date of birth	SSN or TIN	Relationship to insured
	Email		Country of Citizenship	If foreign, Country, Province/Territory

3	Beneficiary 3 is: <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Trust		Custodian Name (if applicable)	Custodian Phone
	Beneficiary 3 (If an individual, First, Middle Initial, Last Name)			Share %
	Beneficiary 3 Mailing Address (Street, City, State, ZIP)			
	Phone	Date of birth	SSN or TIN	Relationship to insured
	Email		Country of Citizenship	If foreign, Country, Province/Territory

If more space is needed, attach and initial additional pages.	SHARE TOTAL (Must equal 100%)	
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Policy Owner Name	Insured Name	Policy Number(s)
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B. CONTINGENT BENEFICIARY(IES) DESIGNATIONS (Use complete legal names)

If all prior named primary beneficiaries predecease me, I name the following revocable contingent beneficiary(ies) to receive any amount payable under the policy(ies) in the event of my death.

1	Contingent Beneficiary 1 is: <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Trust	Custodian Name (if applicable)		Custodian Phone
	Contingent Beneficiary 1 (If an individual, First, Middle Initial, Last Name)			Share %
	Contingent Beneficiary 1 Mailing Address (Street, City, State, ZIP)			
	Phone	Date of birth	SSN or TIN	Relationship to insured
	Email	Country of Citizenship	If foreign, Country, Province/Territory	

2	Contingent Beneficiary 2 is: <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Trust	Custodian Name (if applicable)		Custodian Phone
	Contingent Beneficiary 2 (If an individual, First, Middle Initial, Last Name)			Share %
	Contingent Beneficiary 2 Mailing Address (Street, City, State, ZIP)			
	Phone	Date of birth	SSN or TIN	Relationship to insured
	Email	Country of Citizenship	If foreign, Country, Province/Territory	

3	Contingent Beneficiary 3 is: <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Trust	Custodian Name (if applicable)		Custodian Phone
	Contingent Beneficiary 3 (If an individual, First, Middle Initial, Last Name)			Share %
	Contingent Beneficiary 3 Mailing Address (Street, City, State, ZIP)			
	Phone	Date of birth	SSN or TIN	Relationship to insured
	Email	Country of Citizenship	If foreign, Country, Province/Territory	

C. ACKNOWLEDGEMENT AND ENDORSEMENT

I understand this Life Insurance Beneficiary Designation as noted here and on the High Court beneficiary record is final unless revoked by a future Life Insurance Beneficiary Change By Owner form.

Owner Signature	Date	Witness Signature	Date
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The owner's signature must be witnessed by a person who is not a beneficiary or contingent beneficiary.

Authorized Officer Endorsement _____ Date: _____



Policy Number	Insured Name
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POLICY OWNER/S DESIGNATION:

- Option 1: Designate one New Owner** – Complete Section A. The named Transferee will be the New Owner. *(Life Insurance and Annuities)*
 New Owner is: an Individual a Trust with Trustees
- Option 2: Designate one New Contingent Owner** – Complete Section B. The named Contingent Owner/Transferee will be the New Contingent Owner. *(Life Insurance Only)*
 New Contingent Owner is: an Individual a Trust with Trustees
- Option 3: Designate one New Owner and one Contingent Owner** – Complete Sections A and B. *(Life Insurance Only)*
 New Owner is: an Individual a Trust with Trustees
 New Contingent Owner is: an Individual a Trust with Trustees
- Option 4: Designate multiple Owners as Joint Tenants with rights of survivorship** – Complete Section D. *(Options 1, 2 and 3 are not available with Option 4. – Life Insurance Only)*

SECTION A: NEW OWNER/TRANSFEEE

New Owner / Transferee or Trust Name <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date <i>(if applicable)</i>	SSN / Employer ID #	Phone <i>(include area code)</i>
Trustee Names if a Trust <i>(Please provide copy of trust)</i>		Federal Tax ID #	Phone <i>(include area code)</i>
Street Address	City	State	Zip
New Owner Signature <i>(All Trustees must sign when a Trust is named the New Owner)</i>			Date

Unless checked and Section C is completed, the New Owner/Transferee will be the Payor.

SECTION B: CONTINGENT OWNER/TRANSFEEE

Contingent Owner / Transferee or Trust Name <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date <i>(if applicable)</i>	SSN / Employer ID #	Phone <i>(include area code)</i>
Trustee Names if a Trust <i>(Please provide copy of trust)</i>		Federal Tax ID #	Phone <i>(include area code)</i>
Street Address	City	State	Zip
Contingent Owner Signature <i>(All Trustees must sign when a Trust is named the Contingent Owner)</i>			Date

SECTION C: PAYOR

Payor <i>(Full Legal Name)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date <i>(if applicable)</i>	SSN / Employer ID #	Phone <i>(include area code)</i>
Street Address	City	State	Zip

