



LIFE INSURANCE CHANGE OF BENEFICIARY FORM

1) Owner's Information

All fields are required.

Name (please print your full name as it appears on your policy)			Policy Number
Mailing Address (including apartment or box number)			Person Insured
City	State	Zip Code	Social Security Number
Email Address (Optional)		Date of Birth	Daytime Telephone Number

Important Information Regarding Changing the Beneficiary

1. We recommend that you name only one primary beneficiary and one contingent beneficiary.
2. Please provide the most complete information possible for each beneficiary. In the event of a claim, we will use information from this form to identify and contact your beneficiaries. State regulations may require benefits be paid to the state if a beneficiary cannot be located within a specified time.
3. Our company policy requires the naming of a contingent beneficiary when a funeral home is named as the primary beneficiary.
4. We strongly discourage the naming of minor children as primary beneficiary because claim proceeds cannot be paid to minor children. A trust or guardianship must be established for a minor to receive the claim proceeds.
5. A copy of the court appointment or guardianship document must accompany this form when an individual is signing as power of attorney for the policy owner.
6. When naming a trust as primary beneficiary, pages of the trust that contain the following information should be provided to the company along with this form: the name of the trust, trustee, successor trustee, and the tax identification number of the trust.
7. If there is more than one primary beneficiary or one contingent beneficiary named, an additional page may be attached to this form.
8. If more than one primary beneficiary is named, it is understood that the proceeds will be shared equally by the survivor(s). This condition will also apply to contingent beneficiaries.

Owner's Beneficiary Designation

I hereby revoke all existing beneficiary designations for the above referenced policy and request they be changed as follows:

Primary Beneficiary: The person named in this section that survives the insured will receive the proceeds of the policy.

Name		Relationship to Insured	
Mailing Address	City	State	Zip Code
Social Security Number	Date of Birth	Daytime Telephone Number	

I choose to make the primary beneficiary irrevocable, and I understand the irrevocable beneficiary must consent to and sign subsequent requests that I make for policy changes, beneficiary changes, loans or surrender for the cash surrender value.

Contingent Beneficiary: The person named in this section will receive the proceeds of the policy only if no primary beneficiary survives the insured.

Name		Relationship to Insured	
Mailing Address	City	State	Zip Code
Social Security Number	Date of Birth	Daytime Telephone Number	

Owner Acknowledgment: By signing below, I acknowledge full understanding of the following:

1. This change revokes all prior designations made by me and is subject to all the terms and provisions of the contract. If a primary beneficiary or contingent beneficiary is to remain the same as the previous designation, such beneficiary must be restated on this form.
2. The beneficiary may be changed during the insured's lifetime. To make a change, the Home Office must receive a written request on a form satisfactory to the Company. After being recorded by the Company, the change will take effect on the date it was signed.
3. The Company may waive any policy provision requiring presentation of the policy for endorsement, but may require such presentation if desired.
4. Unless otherwise noted, if more than one beneficiary is named, the Company will assume that all beneficiaries are to share equally. This condition will also apply to contingent beneficiaries.
5. If a primary beneficiary has been named as irrevocable, the irrevocable beneficiary must consent to, and sign subsequent requests that I make for policy changes, beneficiary changes, loans, or surrender for the cash surrender value.

Community Property States

- If the policy was issued in a community property state, or if the owner currently lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), the owner's spouse must sign the form.
- If you do not provide us with your spouse's signature, please make notation of your current marital status.
- In case of divorce, in order to ensure that spousal interest in community property has been protected, a copy of the relevant parts of the divorce decree is required (i.e., front page, signature page and any page referencing the annuity contract). If there is no mention of the annuity contract in the divorce decree, the former spouse must sign this request. If this is not possible, please contact our Policy Service Department.

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that a Sentinel Security Life representative has not given any tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. **UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACKUP WITHHOLDING.**

I have read and understand and agree to be legally bound by the terms of this form.

Signature of Owner	Title (if applicable)	Date
Signature of Owner's Spouse (Community Property States)		Date
Signature of Irrevocable Beneficiary or Assignee (if applicable)		Date

For Home Office Use Only:

Recorded By	Date
-------------	------