



Dear Policyowner:

Attached please find the requested Beneficiary Change form to be used in changing the current designation for your policy. Please review the enclosed "Beneficiary Information Sheet" for helpful information regarding the designation of beneficiaries.

Our records indicate that this policy is currently owned by a corporation or partnership; therefore, the signatures and titles of two officers or two partners will be required to make any change to the policy. If the corporation includes only one officer, please indicate this on the form.

If the form does not provide adequate space for your desired beneficiary designation, an additional sheet has been provided for your convenience. If additional sheets are attached, each additional sheet must bear the signing date, and all signatures requested at the bottom of the original form.

The following fields must be completed on the beneficiary form:

- ✓ Name, Relationship, and Address of beneficiary being named
- ✓ The location and date the form was signed
- ✓ The signatures and titles of two company officers, the signatures and titles of two partners, or the signature and title of the Sole Proprietor
- ✓ The signature of a witness

Thank you for this opportunity to be of assistance for your insurance needs. Please feel free to contact our office toll free at 1-800-231-0801 should any further questions arise.

Sincerely,

Americo Customer Service Department

**BENEFICIARY CHANGE REQUEST**

Policy Number: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy Owner: \_\_\_\_\_

Subject to the provisions of the Policy and the rights of any Assignee of record with the Company, it is requested that the Beneficiary be changed as follows:

**PRIMARY BENEFICIARIES:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Print full name of Individual or trust) (or Date of Trust, if applicable)

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Print full name of Individual or trust) (or Date of Trust, if applicable)

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Print full name of Individual or trust) (or Date of Trust, if applicable)

Address: \_\_\_\_\_

**CONTINGENT BENEFICIARIES:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Print full name of Individual or trust) (or Date of Trust, if applicable)

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Print full name of Individual or trust) (or Date of Trust, if applicable)

Address: \_\_\_\_\_

If this request shall make any provision for children of any person as a class, the phrase shall include only lawful children of that person, including any legally adopted child, except as the term "child" or "children" shall be otherwise specifically defined in this request.

It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the Insured, but if none survives, proceeds will be paid in equal shares to any contingent beneficiaries who survive the insured.

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Year  
City/State Day Month

Signature of Officer/Partner \_\_\_\_\_ Title \_\_\_\_\_

Signature of Officer/Partner \_\_\_\_\_ Title \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Print Name of Witness \_\_\_\_\_

**\*For Additional Designations, please use the next page—Both Pages must be signed and dated by the policy owner and a Witness**

**BENEFICIARY CHANGE REQUEST  
(Additional Sheet)**

Policy Number: \_\_\_\_\_

Insured: \_\_\_\_\_

Policy Owner: \_\_\_\_\_

**ADDITIONAL BENEFICIARIES:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Print full name of Individual or trust) (or Date of Trust, if applicable)

Address: \_\_\_\_\_

Designation:  Primary Beneficiary  Contingent Beneficiary

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Print full name of Individual or trust) (or Date of Trust, if applicable)

Address: \_\_\_\_\_

Designation:  Primary Beneficiary  Contingent Beneficiary

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Print full name of Individual or trust) (or Date of Trust, if applicable)

Address: \_\_\_\_\_

Designation:  Primary Beneficiary  Contingent Beneficiary

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Print full name of Individual or trust) (or Date of Trust, if applicable)

Address: \_\_\_\_\_

Designation:  Primary Beneficiary  Contingent Beneficiary

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Print full name of Individual or trust) (or Date of Trust, if applicable)

Address: \_\_\_\_\_

Designation:  Primary Beneficiary  Contingent Beneficiary

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Year  
City/State Day Month

\_\_\_\_\_  
Signature of Officer/Partner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Officer/Partner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name of Witness

## BENEFICIARY INFORMATION SHEET

The following is provided to assist you in designating a new Beneficiary.

### WHO MAY NAME OR CHANGE THE BENEFICIARY ON A POLICY?

Only the owner of an insurance policy may change the ownership. If an irrevocable beneficiary has previously been named, we must have his or her signature on the change form also.

If the owner of the policy is a trust, the signature(s) and title(s) of the trustee(s) is required.

If the owner of the policy is a corporation, partnership or business, two company officers' signatures and titles are required (President, Vice President, Secretary, etc.).

If the owner of the policy is a sole proprietorship, the sole proprietor must sign on the Signature of Officer line and title Sole Proprietor on the title line.

### WHO MAY BE NAMED AS A BENEFICIARY?

The beneficiary may be one person, more than one person, a trust, a corporation, or any other entity from which the insuring company will be able to obtain legal receipt for the proceeds.

If this is a Qualified Plan, beneficiary changes may be restricted by IRS regulations.

### WHAT IS THE DIFFERENCE BETWEEN A PRIMARY BENEFICIARY AND A CONTINGENT BENEFICIARY?

The **Primary** beneficiary is the party (or parties) who will receive the proceeds of the policy when the insured passes away. The owner of the policy may indicate, by percentage, how the proceeds are to be divided among the parties. If no indication is made, then the proceeds are divided equally among the primary beneficiaries.

The **Contingent** beneficiary will receive the proceeds if the primary beneficiary(ies) should pass away before the person whose life is insured. The contingent beneficiary will only receive proceeds from the policy if (all of) the designated primary beneficiaries have predeceased the insured.

If a beneficiary is not listed, the proceeds are paid according to the policy contract.

### HOW DO I NAME A TRUST AS MY BENEFICIARY?

Please provide the name, date, and address of the trust where indicated on the Beneficiary Change form.

If the trust named is a Testamentary Trust, please indicate this on the form and do not include a Trust date.

### CAN I NAME MY CHILD AS A BENEFICIARY?

If the policy owner wishes his or her children to receive life insurance proceeds, the children themselves should be named. However, because benefits are not payable to minors, it is recommended that a trust be established to their benefit. To name a trust as beneficiary for minor children, we need the name, date, and address of the trust.

### WHO QUALIFIES AS A WITNESS?

Any adult who is not the insured, owner or named beneficiary.

*If alterations have been made, the owner must initial by any changes.*

**ALL FORMS MUST BE SIGNED AND DATED BY THE OWNER AND A WITNESS**