

Change of Beneficiary Form

Instructions

Please fill out this form to request a change in beneficiary. List all beneficiaries, including any previously named ones, and provide the following information for each individual: full name, address, Social Security number, date of birth, and their relationship to the insured person. Sign and date the form where necessary, and ensure all additional parties sign as outlined below.

If this is a joint life policy, a separate form must be completed for each insured individual whose beneficiary is being changed; however, both jointly insured persons must sign it. If the policy has joint ownership, all owners must sign any form submitted.

Beneficiary Designations

Below are some common types of beneficiary designations and examples of the proper wording for each type. When dividing benefits among multiple beneficiaries, specify percentages, not dollar amounts. If the policy owner is not the insured, primary and contingent beneficiaries must have an insurable interest in the insured's life. It's not advisable to name a minor child as your beneficiary. We suggest seeking legal advice before doing so.

When designating beneficiaries, the sum of the percentages for the primary and contingent beneficiaries must add up to 100%. Here are some examples:

- One Primary Beneficiary 100%; No Contingent
- One Primary Beneficiary 100%; One Contingent 100%
- Two Primary Beneficiaries at 50% each; One Contingent 100%
- Two Primary Beneficiaries at 50% each; Two Contingents at 50% each

Signature Requirements

- **The Policy Owner:** The insured is usually the policy owner, but ownership may be vested wholly or partially in:
 - Another person, whose signature is required. If two or more persons are named co-owners, all owners must sign.
 - A Corporation. The signature and title of an authorized officer, other than the insured, is required, and an attestation by the Secretary of the Corporation that the person signing on behalf of the Corporation has the authority to do so, must be provided. In addition, in certain circumstances, a copy of the Articles of Incorporation and the most recent Board Resolution must be provided to show the officers/owners with the authority to make the change.
 - A Partnership. All general partners must sign and a copy of the Partnership Agreement must be submitted.
 - A Trust. All trustees must sign and submit the trust agreement declaration page.
- **Absolute Assignee:** If the policy is absolutely assigned, the assignee's signature is required.
- **Juvenile Policy:** Most juvenile policies contain an Ownership or Control of Policy provision designating the person who must sign if the insured is a minor and at what age the ownership transfers to the insured. The person or persons controlling the policy must sign the change form.
- **Witness Signature:** A witness signature is required, and the witness must be over the age of 18 and not be a beneficiary on the change form. In lieu of a witness signature, a copy of an active Government Issued ID of the policy owner can be provided. In lieu of a witness signature for a spouse, a copy of a valid and active Government Issued ID of that spouse can be provided.
- **Spouse:** Special community property requirements apply if the policy was issued in or the policy owner resides in: Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Washington, and Wisconsin. If a policy was issued in a community property state (or jurisdiction), the spouse at the time of issue, if any, must sign the change form. In case of any divorce during the life of the policy, a copy of the policy owner's entire divorce decree, including the full property settlement, must be submitted (or every ex-spouse during the life of the contract must sign the form). In case of a deceased spouse, a copy of the death certificate must be submitted. If the policy owner currently resides in or has resided in a community property state (or jurisdiction) while the policy has been in force, the current spouse and every spouse of the policy owner during these periods, if any, must sign the change form.

This form is only effective once American Fidelity has approved it. If you have any questions, please call us at 800.662.1113. When completed, this request is recorded and supersedes all previous designations.

Please return this form to beneficiarychanges@americanfidelity.com or mail it to American Fidelity | P.O. Box 25523 | Oklahoma City, OK 73125

Change of Beneficiary

Please read instructions before completing this form.

Policy Owner:	Customer Number:
Insured (if different than policy owner):	
Has the policy owner ever been married, divorced, widowed while the policy was active? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the policy owner ever lived in, or does the policy owner currently reside in, a community property state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you answer yes to both questions above, review the Signature Requirements for Spouse outlined on page one.</i>	
Social Security Number (SSN) or Tax ID if Trust or Organization:	Phone Number (with area code):
Mailing Address: Street or P.O. Box, City, State, and Zip Code:	

Please select the policies you'd like to modify (check all that apply). If you want to assign different percentages to different policies, please use additional Beneficiary Change Forms.

<input type="checkbox"/> Accident Insurance	<input type="checkbox"/> Term Life Insurance <i>(Please specify the life policy you wish to change by including the policy number.)</i>
<input type="checkbox"/> Cancer Insurance	<input type="checkbox"/> Whole Life Insurance <i>(Please specify the life policy you wish to change by including the policy number.)</i>
<input type="checkbox"/> Disability Insurance	<input type="checkbox"/> Universal Life Insurance <i>(Please specify the life policy you wish to change by including the policy number.)</i>
<input type="checkbox"/> Critical Illness Insurance	<input type="checkbox"/> Hospital Indemnity Insurance
<i>Note: Policy numbers are typically nine characters long.</i>	

Primary Beneficiaries

Please print. If additional lines are needed, please attach separate sheet of paper.

Full Name of Beneficiary	Percentage of Shares	Relationship to Insured	Social Security, or Tax ID if Trust or Organization	Date of Birth	Address

If more than one primary beneficiary is named, benefits will be paid in pro rata shares based on the share percentage selected for the survivor(s). If there is no surviving primary beneficiary(ies) at the time of the insured's death, proceeds will be paid as indicated below. The total for all active beneficiaries above should be 100%.

Contingent Beneficiaries

Please print. If additional lines are needed, please attach separate sheet of paper.

Full Name of Beneficiary	Percentage of Shares	Relationship to Insured	Social Security, or Tax ID if Trust or Organization	Date of Birth	Address

If more than one contingent beneficiary is named, benefits will be paid in pro rata shares based on the share percentage selected for the survivor(s). If no beneficiary survives the insured, the proceeds will be paid as the policy provides. If no provision is made in the policy, then proceeds will be paid to the insured's estate. Such payment will be made in one sum, and any installed payments will be commuted. The total for all active beneficiaries above should be 100%.

Please return pages 2 and 3 of this form to process your request.

