

# REQUEST FOR CHANGE OF BENEFICIARY

## IMPORTANT: PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING!

**NOTICE TO THE INSURED MEMBER:** This form may be declared void and of no effect if it is incomplete in an unsatisfactory manner. No change of beneficiary takes effect unless there is a right to change, nor unless the insurance is in force on the date of this instrument.

Insured Member:

Association:

Group Policy Number:

Certificate Number:

Insurer: ReliaStar Life Insurance Company

Member Social Security Number:

*For Office Use Only*

Acknowledged and Recorded

On \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_

Subject to the terms of the group policy and the further terms of this instrument, I hereby revoke all previous beneficiary designation applicable to all or any part of the insurance on the life of the Insured Member thereunder and direct that the entire proceeds applicable upon the death of such member be paid in sum, unless otherwise herein provided, to:

### Primary Beneficiary—To receive proceeds if living at Insured Member's death.

For each Beneficiary give Full Name, Address (street, city, state and zip code), Phone, Birth Date, Social Security Number and Relationship to Insured.

### Contingent Beneficiary—To receive proceeds if living at Insured Member's death, if primary beneficiary(ies) is not then living.

For each Beneficiary give Full Name, Address (street, city state and zip code), Phone, Birth Date, Social Security Number and Relationship to Insured.

## PROVISIONS

Unless otherwise agreed herein, I expressly reserve the right to change the beneficiary designation above, without the consent of the beneficiary(ies).

If any trustee is designated above, the insurer shall not be obligated to inquire into the terms of the trust and will be fully discharged from all liability after payment of the death proceeds as provided under the policy.

## AGREEMENTS

The insurance under the group policy is subject in every respect to the terms thereof, and any acknowledgement of this document by the Administrator or Insurer does not constitute an admission that any insurance is in force on the life of the above-named member.

Dated at \_\_\_\_\_, on \_\_\_\_\_  
City State Month Day Year

Signature of Insured Member or, if Applicable, Assignee

Signature of Witness other than beneficiary (In whose presence signed)

Signature of Witness other than beneficiary (In whose presence signed)

## INSTRUCTIONS

**Insured/Owner:** Type or print legibly in ink. Sign and date form. Return original and retain a copy for your records.

**Plan Administrator:** Send the completed form to the Company for approval if any of the following apply: 1) The wording used in the request differs from the examples given below; 2) The policy/certificate has been assigned; 3) The previous beneficiary is irrevocable; or 4) The coverage is under an individual policy. Also send copies of all previous beneficiary changes, assignment forms, and a copy of the insured's enrollment form or application. The Company will return a copy of the approved change request form.

For change request forms that do not require the Company approval, retain a copy of the approved change request form with the insured's records.

## SUGGESTED BENEFICIARY DESIGNATIONS

### Personal Beneficiaries

1. If **one individual** is to be designated, use full legal name thus – “Anna May Smith,” not “Mrs. John Smith.”
2. If **two individuals** are to be named, designate as follows: “Anna May Smith, wife and Dorothy Smith Andrews, daughter, in equal shares, or the survivor.”
3. If **three or more individuals** are to be named, designate as follows: “Anna May Smith, wife, Dorothy Smith Andrews, daughter, and William Smith, son, or the survivors, in equal shares, or the survivor.”
4. If **one or more secondary beneficiaries** are to be named, they may be designated individually as follows: “Anna May Smith, wife, if living, otherwise Joseph Smith, father, and Elizabeth Smith, mother, in equal shares, or the survivor;” or
  - (a) If all **children of the marriage** are to be named secondary beneficiaries, designate them collectively rather than individually as follows: “Anna May Smith, wife, if living, otherwise the then surviving children, if any, born of insured’s marriage with said wife, in equal shares.” (This designation will include children born later without the necessity of changing the designation.)
  - (b) If all children of the marriage are to be named secondary beneficiaries **and a second alternate beneficiary is to be named**, designate as follows: “Anna Smith, wife, if living, otherwise the then surviving children, if any, born of insured’s marriage with said wife, in equal shares, or if said wife is not living and there is no such child, James Smith, father.”
  - (c) If **children not of the present marriage** are to be included, designate as follows: “Anna May Smith, wife, if living, otherwise John Smith and Mary Smith, children, and any other child or children born of insured’s marriage with said wife, or the survivors, in equal shares, or the survivor.”
  - (d) If a **“Clean Up Fund”** of a stated amount is desired and there are secondary beneficiaries who are minors, the designation may be as follows: “The proceeds up to \$\_\_\_\_\_ to Anna Smith, wife, if living, otherwise the executors or administrators of the estate of the insured, and the remainder to said wife, if living, otherwise John Smith and Mary Smith, children, in equal shares, or the survivor.” Minor children should not be named beneficiaries of proceeds intended for “Clean Up Fund” because the guardian of the children probably could not use the proceeds for the purpose.

### Estate

5. If an estate is named, specify whose estate, such as: “Estate of the Insured.”

### Trustee

6. Trustee under the last will and testament of the insured, or his successors in trust, PROVIDED, HOWEVER, that if no claim is made by said Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing a trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.
7. “The \_\_\_\_\_ Trust Company, trustee under written trust agreement date \_\_\_\_\_, or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee or successor or successors shall fully and finally discharge the Company from all liability.”

### Business Partners

8. Under a cross ownership plan, designate the surviving partners as beneficiaries. For example, for insurance on the life of John Jones, designate “Henry Smith and William Brown, partners, in equal shares, or the survivor.” Similar designation may be made for the other partners.  
Just as a corporation may be the owner and beneficiary of a policy, a partnership may, in the partnership name, own and be the beneficiary of a policy. The firm name should be used together with the words, “a partnership.” For example, “Jones, Smith and Brown, a partnership presently consisting of John Jones, Henry Smith and William Brown.”

### Per Stirpes

9. “\_\_\_\_\_, wife, if living, otherwise the then surviving children, if any, born of insured’s marriage with said wife and the then surviving legally adopted child or children of the insured, if any, in equal shares, except in case of death of any child or children of said marriage or any legally adopted child or children of the insured, leaving lawful surviving child or children (including legally adopted children but not including grandchildren or other remote descendants), such child or children of the deceased child shall receive, in equal shares, the share which such deceased child would have received if he or she had survived.”

### Irrevocable Beneficiary

10. If you want to name a beneficiary that you can not change without his/her consent, designate him/her as irrevocable beneficiary, such as: “Frank Jones, as irrevocable beneficiary.” Then if you change the designation in the future, both you and the irrevocable beneficiary must sign the front of the form.