



COTTON STATES LIFE INSURANCE COMPANY  
 Administrative Offices  
 17 Church Street, PO Box 506, Keene, NH 03431-0506  
 Phone: 1-800-635-4467

**POLICYOWNER SERVICE CHANGE REQUEST**

Agent # \_\_\_\_\_

INSURED \_\_\_\_\_ POLICY # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

1.  DESIGNATION OF PRIMARY BENEFICIARY (Complete All Information):

Change applies to \_\_\_\_\_  Insured  Spouse  Other Insured

Primary \_\_\_\_\_ Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary \_\_\_\_\_ Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary \_\_\_\_\_ Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relation to Insured \_\_\_\_\_ Street Address \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip Code \_\_\_\_\_

1A.  DESIGNATION OF CONTINGENT BENEFICIARY (Complete All Information):

Change applies to \_\_\_\_\_  Insured  Spouse  Other Insured

Contingent \_\_\_\_\_ Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Contingent \_\_\_\_\_ Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relation to Insured \_\_\_\_\_ Street Address \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip Code \_\_\_\_\_

2.  OWNER:

I hereby request that Ownership of this policy be changed to \_\_\_\_\_ whose relationship to the Insured is \_\_\_\_\_ and that all benefits, rights and privileges incident to Ownership be vested in the new Owner.

Address of new Owner (Number, Street, City, State and Zip Code) \_\_\_\_\_ Social Security No. of New Owner \_\_\_\_\_

3.  CHANGE OF NAME OR RELATIONSHIP:

Insured  Owner  Beneficiary  Payor

Former Name \_\_\_\_\_

Relationship to Insured \_\_\_\_\_

Present Name \_\_\_\_\_

By Reason Of:

Marriage  Divorce

Correction of Error

Legal Change (attach court papers)

4.  CHANGE OF ADDRESS:

Insured  Owner  Beneficiary  Payor

From \_\_\_\_\_ To \_\_\_\_\_

5. SPECIAL PROVISIONS:

IT IS AGREED THAT (1) The execution of this request and its recording by the Company shall operate as a waiver of any provision in the policy requiring endorsement thereon of any designation of beneficiary, and if section (1) applies, as a revocation of all prior designations of beneficiary; (2) Unless otherwise expressly stated in the above designation, the Owner reserves the rights to make further changes of beneficiary; (3) This Designation of Beneficiary shall not become effective until duly recorded at the Administrative Office of the Company but, when so recorded, shall relate back to, and be effective from the date the form was signed, subject to any payment made or action taken by the Company prior to such recording; (4) This Designation of Beneficiary is subject to all of the provisions of the above policy(ies); (5) No unmarked block  shall be part of this instrument.

Signature of New Owner \_\_\_\_\_ Date \_\_\_\_\_ Signature of Present Owner \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_ Signature of Assignee or Irrevocable Beneficiary \_\_\_\_\_ Date \_\_\_\_\_

FOR COMPANY USE ONLY: Recorded at the Administrative Office or Home Office of the Company on \_\_\_\_\_ by \_\_\_\_\_