



Administrative Office  
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# CHANGE OF BENEFICIARY

THIS FORM MAY BE USED TO CHANGE AND SELECT BENEFICIARY DESIGNATIONS ON LIFE INSURANCE AND ANNUITY CONTRACTS. THE WORDS "INSURED", "BENEFICIARY", AND "POLICY" SHOULD BE READ TO MEAN "ANNUITANT", "CONTINGENT PAYEE", AND "CONTRACT" RESPECTIVELY, AND WORDS USED IN THE SINGULAR SHALL BE DEEMED TO INCLUDE PLURAL IF APPROPRIATE. CHANGES WILL BE ACKNOWLEDGED BY THE COMPANY UPON RECEIPT.

## A. Policy Information

Policy Number: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

THE FOLLOWING INFORMATION SHOULD REFLECT CURRENT POLICY INFORMATION

_____	( ) -	_____
Name of Owner(s)	Social Security or TIN No. (include Dashes)	Daytime Telephone Number
Address		
_____	_____	_____
City	State	Zip Code

## B. Beneficiary Selection *Choose One. Please include the address and Social Security Number of beneficiary(s), if known*

- INSURED'S ESTATE**
- ONE PRIMARY BENEFICIARY** Name and relationship to the Insured: \_\_\_\_\_
- TWO OR MORE PRIMARY BENEFICIARIES** Name and relationship to the Insured: \_\_\_\_\_

\_\_\_\_\_, or the survivors, equally, or the survivor.

- WIFE OR HUSBAND AS PRIMARY BENEFICIARY; CHILDREN AS SECONDARY BENEFICIARIES** *(not available on industrial policies)*  
(Name) \_\_\_\_\_, wife or husband, as the case may be, if living; otherwise, any children born of the marriage of or legally adopted by the Insured and said wife or husband, or the survivors equally, or the survivor.

- ONE OR MORE PRIMARY BENEFICIARIES PLUS ONE OR MORE SECONDARY BENEFICIARIES**

Name of each Primary Beneficiary and relationship to the Insured: \_\_\_\_\_

\_\_\_\_\_ or the survivors, equally, or the survivor, if any; otherwise  
Name of each Secondary Beneficiary and relationship to the Insured: \_\_\_\_\_

\_\_\_\_\_ or the survivors, equally, or the survivor

- TRUSTEE(S) UNDER EXISTING TRUST**

Name(s) of Trustee(s): \_\_\_\_\_

as Trustee(s) under \_\_\_\_\_ dated \_\_\_\_\_

- OTHER (family coverage):** (Name of Trust)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. Additional Options**

- SURVIVORSHIP REQUIREMENT:** *Available with all options.*  
If any Primary Beneficiary dies simultaneously with the Insured or before the expiration of \_\_\_\_\_ days (not to exceed 30 days) after the Insured's death, payment shall be made as if such Primary Beneficiary had died before the Insured.
- IRREVOCABLE BENEFICIARY.** By checking this box, you waive the right for further changes of beneficiary designation. The beneficiary designated in Section B becomes an irrevocable beneficiary.
- CHILDREN'S CLAUSE (Stirpes Provision).** *Available with any option that names any children as beneficiary. (Not available on industrial policies)*  
If a child of the Insured dies before the Insured leaving children who survive the Insured, the share such deceased beneficiary would have received had such beneficiary survived the Insured, shall be paid in equal shares to the surviving children of such deceased beneficiary. If such deceased beneficiary has no children surviving the Insured, and one or more other children of the Insured are beneficiaries, then such deceased beneficiary's share shall pass in proportionate shares to such other beneficiaries who are children of the Insured.

**D. Conditions and Signature(s)**

No proceedings in bankruptcy or insolvency, voluntary or involuntary, are pending against the undersigned, nor is the undersigned under guardianship or any other legal disability.

This designation shall be invalid if the person making it does not have the right to change the beneficiary under the policy specified.

**RIGHTS OF OWNER AND BENEFICIARY.** The rights of the beneficiary are subject to those of any assignee of record with the company. The exercise of any rights and privileges under any policy to which this designation applies does not require notice to, nor the consent of, any revocable beneficiary. The Company will require the appointment of a legal representative for the beneficiary if the beneficiary cannot otherwise furnish the Company with a satisfactory discharge for payment.

**WHEN THE DESIGNATION TAKES EFFECT.** Regardless of any policy provision to the contrary, the person signing this notice requests that this designation take effect as of the date this notice is signed. This designation will take effect only if the Company receives it and acknowledges it in writing; whether or not the Insured or Owner is alive on that date. This designation will have no affect on any payment made or other action taken by the Company before it is received and acknowledged.

**PAYMENTS TO BENEFICIARIES UNDER FAMILY INCOME POLICIES AND FAMILY INCOME BENEFIT PROVISIONS.** Regardless of any policy provision, each payment under any Family Income Policy or Family Income Benefit Provision shall be paid, as it falls due, to the designated beneficiary or beneficiaries; and, at the death of the last surviving beneficiary, all remaining benefit payments will be commuted and paid to the executors or administrators of such last survivor in a single payment. If no beneficiary is living at the death of the Insured, then the second sentence of "PAYMENT OF BENEFITS" below will apply.

**PAYMENT OF BENEFITS.** Any amount payable at the Insured's death or at a later date to multiple surviving beneficiaries will be paid to such beneficiaries in equal amounts, unless otherwise provided for by this designation. If no designated beneficiary is living at the death of the Insured, the owner will be the beneficiary, and if the Insured is the owner, the entire amount payable will be paid in a single payment to the Insured's estate. A single payment shall be made in place of any payments otherwise payable to the beneficiary who is an executor, administrator, trustee, corporation, partnership, association or assignee.

**DEFINITION OF SINGLE PAYMENT.** The term "single payment" means a commuted value or present value of all payments remaining to be made under a policy or supplementary additional benefit provision, discounted as of the date the single payment is to be made at the rate of interest specified in the policy or supplementary additional benefit provision. Whenever a monthly income is payable to two or more living beneficiaries, the single payment available to any one beneficiary will be based on the proportionate share of any monthly income and other payments remaining to be paid to that beneficiary.

**PROOF OF IDENTITY OR DEATH OF BENEFICIARY.** The Company may rely upon any affidavit or certificate which it considers satisfactory proof to identify any beneficiary not described by name and to determine the conditions for payment. Any payment made by the Company before the receipt of proof of the death or identity of a beneficiary shall be a complete discharge of its liability for payment.

**TRUSTEE BENEFICIARY.** The Company shall not be bound by any trust deed or partnership agreement, and shall not be liable for the application of the proceeds of the policy by a trustee beneficiary or any other person.

This designation replaces all previous beneficiary designations and optional methods of settlement which are hereby revoked. The right is reserved to make future beneficiary changes. If family members are insured under the policy or any benefit provision attached to it and no other designation with respect to any such family member is made in the "Other" option category, the designated beneficiary at the death of said family member shall be deemed to be the Insured shown in Section A, if living; otherwise the beneficiary or beneficiaries, as designated in Section B, if living; otherwise the estate of the deceased family member.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness, (if required)

\_\_\_\_\_  
Date