

## Instructions for Change of Beneficiary

- Please use the attached form to request a change in beneficiary. **Do not complete the Change of Beneficiary section for a change of name only.**
- This request, when completed, is recorded and is in substitution of all previous designations. Be sure to rename all previous beneficiaries who are to receive any of the proceeds of the policy. If this is a Joint Life Policy, a separate form must be completed for each insured person whose beneficiary is being changed; however, each jointly insured person must sign. If the policy has joint ownership, all owners must sign any form submitted.
- Complete the Request for Change of Beneficiary form by listing the full given name for each person being named. Indicate their address, social security number, date of birth, and relationship to the insured person. Sign and date the form where required, and obtain signatures of all additional parties, as outlined below.

### Signature Requirements

- 1. The Policyowner:** The insured is usually the policyowner, but ownership may be vested wholly or partially in:
  - a) Another person, whose signature is required. If there are two or more persons named as co-owners, all owners must sign.
  - b) A Corporation. The signature and title of an authorized officer, other than the insured, is required, with the corporate seal affixed over it. 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.
  - c) A Partnership. All general partners must sign and a copy of the Partnership Agreement must be submitted.
  - d) A Trust. All trustees must sign and submit the trust agreement declaration page.
- 2. Absolute Assignee:** If the policy is absolutely assigned, the signature of the assignee is required.
- 3. 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.
- 4. Witness:** The witness must be over the age of 18 and not be a beneficiary on the change form.

This Change of Beneficiary form is not effective unless and until it has been approved by American Fidelity Assurance Company. Upon approval, a copy of the Request for Change of Beneficiary form will be sent to you for your records. If you have any questions about your insurance policy/certificate or about your request for a change in beneficiary, please call us at 800.662.1113.

Please return Change of Beneficiary form to:

**Client Maintenance Team**  
P.O. Box 25523  
Oklahoma City, OK 73125

## EXAMPLES OF COMMONLY-USED BENEFICIARY DESIGNATIONS

A list of the more common types of beneficiary designations requested and examples of proper wording for each type follows. When proceeds are to be split between more than one beneficiary, indicate the percentage (rather than the dollar amounts) to be paid to each. If the policyowner is not the insured, the designated primary and contingent beneficiaries must have an insurable interest in the life of the insured. Naming a minor child as your beneficiary is not recommended. Please seek advice from legal counsel before naming a minor as your beneficiary.

TYPES OF BENEFICIARY	EXAMPLES OF WORDING TO BE USED
1. One primary beneficiary	Mary E. Doe, Wife NOT: Mrs. John J. Doe
2. Two primary beneficiaries (equal shares)	John J. Doe, Father Mary E. Doe, Mother
3. Two primary beneficiaries (unequal shares)	75% to Mary E. Doe, Wife 25% to Jane J. Doe, Mother
4. One primary beneficiary and one contingent beneficiary	Primary – Mary E. Doe, Wife Contingent – Jane J. Doe, Mother
5. One primary beneficiary and two contingent beneficiaries	Primary – Mary E. Doe, Wife Contingent – 75% to Jane J. Doe, Mother 25% to James H. Doe, Brother
6. One primary beneficiary (spouse) and contingent beneficiaries (equal shares to children)	Primary – Mary E. Doe, Wife Contingent – Sam M. Doe, Son Susan B. Doe, Daughter Ann R. Doe, Daughter Adam P. Doe, Son
7. Creditor beneficiary	The ABC Savings and Loan Association, an Oklahoma corporation, Creditor, as Its interest may appear; balance, if any, to Mary E. Doe, Wife
8. Partnership beneficiary	John A. Smith, William W. Jones, and Henry H. Brown, business partners, SJ & B Partnership, an Oklahoma Limited Partnership
9. Corporation beneficiary (requires that the person insured is a primary owner of the corporation)	The ABC Company, Inc., an Oklahoma corporation
10. Insured's Estate	Estate of the Insured
11. Trustee beneficiary (Trust established under written Trust Agreement. Payment of the proceeds to or the release of the trustee shall constitute a full discharge to the Company of all liability under the policy.)  <b>A copy of the Declaration of Trust page that stipulates the name of the trust, the date of the trust and the names of all trustees is required.</b>	The John J. Doe Trust dated xx/xx/xxxx, Jane Doe as Trustee

Please continue to next page.

**CHANGE OF BENEFICIARY**

Please read instructions before completing this form.

Insured:	Policy Number:
Policyowner (if different than Insured):	
Social Security Number (SSN) or Tax ID if Trust or Organization:	Telephone Number (with area code):
Mailing Address (Street Address or P.O. Box, City, State and Zip Code):	

**FIRST BENEFICIARY (PRIMARY)**

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 share percentage selected to the survivor(s). If there is no surviving primary beneficiary(ies) at time of the insured's death, proceeds will be paid as indicated below.

**SECOND BENEFICIARY (CONTINGENT)**

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 equal shares to the survivor(s). If no beneficiary survives the insured, the proceeds will be paid as provided in the policy. If no provision is made in the policy, then proceeds will be paid to the estate of the insured. Such payment will be made in one sum with any installed payments being commuted.

**Please return pages 3 & 4 of this form for your request to be processed.**

# AMERICAN FIDELITY

a different opinion

Client Maintenance Team | P.O. Box 25523 | Oklahoma City, OK 73125

American Fidelity Assurance Company | 1-800-662-1113 | Fax: 1-800-620-8915 | [americanfidelity.com](http://americanfidelity.com)

Insured:	Policy Number:
----------	----------------

All relationships shall be in reference to the insured person named in the heading of this request form. If a beneficiary is other than a person, all references herein to life or death shall be construed to refer to the continuance or non-continuance of such entity's existence. The interests of all beneficiaries are subject to any assignment of this policy on record at the Home Office of the Company.

Unless otherwise stated in the policy, the owner(s) reserve(s) the right to further change the beneficiary without the beneficiary's consent.

If the policy numbered above is not active when this agreement is recorded such action shall not constitute an admission by the Company that the policy is active.

It is understood that this request for change of beneficiary will replace all previous requests and will take effect on the date recorded by the Company, as indicated below.

Signed at _____ City	_____ on _____ 20_____ State Date	
_____ Signature of Insured	_____ Witness (print and sign name)	_____ Date
_____ Signature of Policyowner, if other than Insured	_____ Witness (print and sign name)	_____ Date
_____ Signature of Irrevocable Beneficiary, if any	_____ Witness (print and sign name)	_____ Date

**Please return pages 3 & 4 of this form for your request to be processed.**

Please return Change of Beneficiary form to:

**Client Maintenance Team**  
P.O. Box 25523  
Oklahoma City, OK 73125

FOR AMERICAN FIDELITY USE ONLY: This request has been recorded at 9000 Cameron Parkway, OKC, OK 73114

_____ Date:	_____ Approved by:
----------------	-----------------------