



CLIENT SERVICES DEPARTMENT

Name: _____

Address: _____

Dear Policyholder:

Please review the following instructions prior to completing the attached Change of Beneficiary form.

INSTRUCTIONS

1. Use the attached form to change the beneficiary on insurance policies and annuity contracts owned by you. Use a separate form for each policy you wish to change.
2. Use complete names (*John J. Smith, not J. J. Smith*), and use a married woman's own name (*Mary S. Jones, not Mrs. John Jones*).
3. If it is your intent to designate all children born to or adopted by the Insured, please state, "All Children". However, if you wish to designate a specific child(ren) only, list the name and date of birth for each child to be designated as a beneficiary. Future children will not automatically be considered as a beneficiary with this designation.
4. Fill in current addresses and Tax Identification numbers for all beneficiaries. Use Social Security #'s for individuals. The last four positions of the Social Security # of the beneficiaries are sufficient. Use the full Federal Tax I.D. for business entities.
5. **OPTIONAL PROVISIONS.** Check either or both of these as desired. Do not check **Payment to Lawful Descendants of Deceased Children** box unless the Insured's children are designated as beneficiaries.
6. The **spouse** of the owner must also sign if any policy was issued in a **community property state. (CA, ID, NV, NM, WA, or WI.** Also in **LA**, but **ONLY** if the new owner will be "The Estate".) If the spouse is dead, a death certificate is required. If there has been a divorce, please furnish a certified copy of the divorce decree **and** property settlement agreement.
7. If a Trust is designated as beneficiary, please use the following format:
The Blank National Bank of Boston, Massachusetts, as Trustee, under Agreement of Trust dated _____, or, John Jones as Trustee, under Agreement of Trust dated _____.
8. If you wish to name more than 2 Primary beneficiaries or 2 Contingent beneficiaries, please continue on a piece of plain paper, listing the same information requested on this form. Please sign this additional page in the same manner as the original form.
9. **Mail or fax the completed form to the address or fax number noted above.** A recorded copy will be returned to be attached to your policy or annuity.

IMPORTANT NOTICE

We strongly urge that you thoughtfully consider any change of beneficiary. For example, many of our clients will name a minor child as the primary beneficiary, not realizing the consequences. If the child has not reached the age of majority at the time of the claim, he or she cannot give a valid release and we are therefore forced to hold up payment of the proceeds until the court appoints a legal guardian. As a result, the immediate benefits to the child could be delayed for some time.

To avoid delays, please be sure that this form is completed fully and legibly, and signed by all necessary parties:

- **The policyowner in all cases.**
- **The current beneficiary if designated as irrevocable; or, if the policy was issued prior to 1/1/1948.**
- **A witness other than the new beneficiary.**
- **The spouse in a community property state.**

If you have any questions, please call our Client Services Department at (877) 624-2249.

