

CHANGE OF BENEFICIARY – ALL LIFE INSURANCE POLICIES

If a change of beneficiary and a change of owner are requested at the same time, it will be assumed that the change of owner was completed first unless otherwise noted on this form. Both the current owner and the new owner must sign the Change of Owner form.

SECTION 1. POLICY INFORMATION.				
Policy Number(s)				Date of Birth
Primary Insured Name (first)	(mi)	(last)	(suffix)	Social Security No.
SECTION 2. Universal Life Policy Only - change of Beneficiary for Additional Insured. (Policy numbers that start with the letter U)				
Apply Change to: <input type="checkbox"/> Universal Life Policy Only <input type="checkbox"/> Additional Insured Rider Only <input type="checkbox"/> Universal Life Policy and Additional Insured Rider				
SECTION 3. Primary Beneficiary				
<ul style="list-style-type: none"> The death benefit is payable to the primary beneficiary(ies). If there are no surviving primary beneficiary(ies), the death benefit will be paid to the contingent beneficiary(ies). If there are no surviving primary or contingent beneficiary(ies), the death benefit will be paid based on policy provisions. When naming a beneficiary(ies), do NOT indicate "same" or "no change." Complete both Primary and Contingent Beneficiary sections. May name individual(s) or entity(ies). If a Trust is named, include the name of the Trust, Trustees name(s) and the date of the Trust 				
Name and Address of each primary beneficiary	Relationship to Insured	Date of Birth	Social Security No.	

SECTION 4. Contingent Beneficiary – will receive proceeds only if no primary beneficiary is living

Name and Address of each contingent beneficiary	Relationship to Insured	Date of Birth	Social Security No.

SECTION 5. General Provisions and Agreement (Please read before signing)

1. Subject to the rights of any irrevocable beneficiary on record with American Family Life Insurance Company, all prior beneficiary designations and settlement option elections are hereby revoked.
2. American Family Life Insurance Company is requested and authorized to take the action specified on this form. Any request is subject to the conditions and provisions of the policy and the current rules and practices of the Company.
3. Any provision of the contract requiring the policy to be submitted to the Company for endorsement of change of beneficiary is waived.

SECTION 6. Signatures (Required)

COUNTERPARTS – This agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which taken together, shall constitute one and the same agreement.

STATE WHERE SIGNED _____

Owner's Signature Signature _____ If the owner is an entity, provide business/trust/organization name and officer/trustee's title below. Name of Business/Trust/Organization _____ Officer/Trustee's Title _____	Date
Witness's Signature (Massachusetts Only) Signature _____	Date
Irrevocable Beneficiary's Signature (if any) Signature _____ Title of Person Signing on behalf of Irrevocable Beneficiary (if applicable) _____	Date