

BENEFICIARY & NAME CHANGE FORM

Employer Name			Policy Number		
Your Last Name		First Name	Middle Initial	Social Security Number	
BENEFICIARY CHANGE ONLY	Beneficiary change to: (If the space below is not suitable for the designation you desire, leave blank and see below)				
1	Last Name	First Name/Middle Initial	SS#	Relationship	% of Benefit or Description
	Address	City	State	Zip	
2	Last Name	First Name/Middle Initial	SS#	Relationship	% of Benefit or Description
	Address	City	State	Zip	
3	Last Name	First Name/Middle Initial	SS#	Relationship	% of Benefit or Description
	Address	City	State	Zip	
Name Change Only	Last Name	First Name	Middle Initial		
Name change of:	From:				
Employee					
Beneficiary	To:				

x _____
Signature of Certificateholder _____
Date

x _____
Witness _____
Date

INSTRUCTIONS FOR CHANGING BENEFICIARY

If the above form is not suitable, attach a separate sheet to explain the designation you desire. **Include addresses and social security number for each beneficiary.**

1. To designate your estate, write "Estate" as your beneficiary.
2. If you wish to name a person as trustee for your beneficiary, we will require a **notarized** copy of the trust agreement.
3. The following are examples of multiple beneficiaries:

One Principal and Mary Doe, wife if living, otherwise to Ronald Doe, James Doe, sons and Doris Doe, three Alternates..... daughter, share and share alike, or to the survivors or survivor of them.

A Principal, unnamed Mary Doe, wife if living, otherwise to any children born of the marriage of said wife Alternate and second with the insured, share and share alike, or to the survivors or survivor to them, or if Alternate..... there shall be no such surviving children, then to James Doe, brother.

If more than one beneficiary is named, settlement will be paid in equal shares, unless otherwise provided in the designation. If no beneficiary is designated, payment will be made in accordance with the terms of the policy.

The change of beneficiary is to take effect only upon receipt hereof at the Home Office of Pacific Guardian Life Insurance Company, Limited.

Please remit to Pacific Guardian Life. A copy will be provided to your employer. Please obtain copy from your employer for your personal record.