

# Instructions for Change of Beneficiary & Ownership

Please use the attached form to request a change in beneficiary and/or a change in ownership. **Do not complete the Change of Beneficiary section or the Change of Ownership 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.

Complete the Request for Change of Beneficiary form by listing the full given name for each person to be named as beneficiary. Indicate the address and relationship of the proposed beneficiary to the person insured. Sign and date the form where required, and obtain signatures of all additional parties, as outlined below. **A Notary Public must witness each signature.**

## 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.
  - (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, a copy of the Articles of Incorporation or Partnership Agreement must be provided to show the officers/owners with the authority to make the change.
  - (c) A Partnership. All partners must sign. (For a Joint Life Policy, if the policy has joint ownership, both owners must sign any form submitted.)
- 2. Absolute Assignee.** If the policy is absolutely assigned, the signature of the Assignee is required.
- 3. Spouse.** If the policy was issued in one of the community property states (or jurisdiction) and the primary beneficiary is being changed from the spouse, then the spouse must sign along with the policyowner. The community property states (or jurisdiction) include: Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, and Puerto Rico.
- 4. Juvenile policy.** A policy issued on a juvenile may contain an Ownership or Control of Policy provision. In this case, ownership of the policy transfers to the insured at the age of 21. At that age, the insured's signature is required on the beneficiary request form.
- 5. Witness.** A Notary Public must witness each signature.

Upon approval by American Fidelity, a copy of the Request for Change of Beneficiary form and/or the Request for Change of Ownership form will be returned to you for your records.

If you have any questions about your insurance policy or certificate, or about your request for a change in beneficiary or ownership, just let us know. Please call us toll-free at 800-323-3748.

Sincerely,

Customer Service Department  
American Fidelity Educational Services

## 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.

TYPE OF BENEFICIARY	EXAMPLES OF WORDING TO BE USED
1) One beneficiary	Mary E. Doe, Wife (NOT Mrs. John J. Doe)
2) Two beneficiaries (equal shares)	John J. Doe, Father and Mary E. Doe, Mother
3) Two beneficiaries (unequal shares)	75% to Mary E. Doe, Wife and 25% to Jane J. Doe, Mother
4) One primary (First) and one contingent	First – Mary E. Doe, Wife Second beneficiary – Jane J. Doe, Mother
5) One primary (First) and two contingent	First – Mary E. Doe, Wife Second beneficiaries – Jane J. Doe, Mother and James H. Doe, Brother
6) One primary (First) beneficiary and children	First – Mary E. Doe, Wife Second – Sam M. Doe, Son and Susan B. Doe, Daughter.
7) Creditor beneficiary	The ABC Savings and Loan Association, Oklahoma City, OK, and 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 Company, Oklahoma City, OK
9) Corporation beneficiary (requires that the person insured is a primary owner of the corporation)	The ABC Company, Inc. an Oklahoma Corporation, complete address
10) Insured's Estate	Estate of the Insured
11) Trustee Beneficiary: (Trust established under written Trust Agreement)	The John J. Doe Trust dated xx/xx/xxxx, Jane Doe as Trustee. (A copy of the trust agreement is not required. The name and date of the trust must be provided, along with the name of the Trustee.) 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.

PLEASE READ INSTRUCTIONS FOR CHANGE OF BENEFICIARY BEFORE COMPLETING THIS FORM



POLICY # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

INSURED \_\_\_\_\_

PO BOX 25523, OKLAHOMA CITY, OK 73125
PHONE 800-323-3748
FAX 800-522-6343
www. AFAdvantage.com

REQUEST FOR CHANGE OF BENEFICIARY

Table with 5 columns: BENEFICIARY DESIGNATION, FULL NAME, RELATIONSHIP, SSN, ADDRESS. Includes sections for First Beneficiary (primary) and Second Beneficiary (contingent) with instructions on survivorship.

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.

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 in force when this agreement is recorded such action shall not constitute an admission by the Company that the policy is in force.

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 \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_
City State Date

Notary Public Seal Commission Expires

Signature of Insured

Notary Public Seal Commission Expires

Signature of Policyowner, if other than insured

Notary Public Seal Commission Expires

Signature of Spouse if in a Community Property State

Notary Public Seal Commission Expires

Signature of Irrevocable Beneficiary, if any

FOR HOME OFFICE USE ONLY

The foregoing request has been recorded at the Home Office of the American Fidelity Assurance Company, Oklahoma City, Oklahoma

Date \_\_\_\_\_

Approved By \_\_\_\_\_

POLICY # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

INSURED \_\_\_\_\_

CURRENT OWNER  
(If other than insured) \_\_\_\_\_



A member of the American Fidelity Group

PO BOX 25523, OKLAHOMA CITY, OK 73125  
PHONE 800-323-3748  
FAX 800-522-6343  
www.AFAdvantage.com

**REQUEST FOR CHANGE OF OWNERSHIP**

USE THIS SECTION TO CHANGE OWNERSHIP OF THE LIFE INSURANCE POLICY.

	FULL NAME & ADDRESS	RELATIONSHIP	SSN	DOB	SEX
NEW OWNER(S)					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
CONTINGENT OWNER (see Note*)					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female

**\*NOTE: If the policyowner is other than the named Insured, a contingent owner is suggested, such as the Insured, to prevent any delays in exercising the benefits of the policy due to the death of the owner(s). If two or more owners or contingent owners are proposed, the owner will be the designated persons jointly or survivor, unless otherwise specified.**

I(We), the current owner(s) of the referenced numbered policy, hereby request that the ownership of this policy be changed to the person(s) shown above as the new owner(s). The new owner(s) will be the absolute owner(s) of this policy (subject to the rights of any prior assignee) during his or her lifetime.

At the death of a new owner, ownership of this policy will pass to the co-owner while living; if any, then to the contingent owner while living, if any; then to the Executors, Administrators or Assigns of the most recent owner.

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

Signed at \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_  
City State Date

**Signatures must be witnessed by a Notary Public.**

\_\_\_\_\_  
Notary Public Seal Commission Expires

\_\_\_\_\_  
Signature of Current Owner

\_\_\_\_\_  
Notary Public Seal Commission Expires

\_\_\_\_\_  
Signature of New Owner

\_\_\_\_\_  
Notary Public Seal Commission Expires

\_\_\_\_\_  
Signature of New Owner and/or Contingent Owner

\_\_\_\_\_  
Notary Public Seal Commission Expires

\_\_\_\_\_  
Signature of Spouse if in a Community Property State.

If the policyowner is a Trust, a current copy of the Trust document stipulating the trustees and showing their signatures, the date of the Trust, and the tax identification number will be required. If the policyowner is a partnership or corporation, the form must be signed by a partner, officer, or other authorized person. In the case of a corporation, affix the corporate seal. Please provide a copy of the partnership agreement or board of directors' resolution providing the authorization.

**FOR HOME OFFICE USE ONLY**

The foregoing request has been recorded at the Home Office of the American Fidelity Assurance Company, Oklahoma City, Oklahoma

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By