CHANGE OF BENEFICIARY FORM

(Please print all information clearly)

Colonial Life
Making benefits count.

Named Insured _____ Social Security Number _____
LAST FIRST MI

Policy Number(s) _____

Policyowner's Name _____ Social Security Number _____
LAST FIRST MI

Policyowner's Mailing Address (Address on file will be update to the address provided below)

Street Address _____ Email _____

City _____ State _____ Zip _____ Phone (_____) _____

***IMPORTANT – PLEASE READ BEFORE DESIGNATING A BENEFICIARY**

The person(s) designated as Primary Beneficiary will receive any payable benefits. If the Insured outlives all Primary Beneficiaries designated, any payable benefits will be made to the designated Contingent Beneficiaries. If the Insured outlives all named Primary and Contingent Beneficiaries, any payable benefits will be made according to the terms of the policy. Contact us at 1.800.325.4368 if additional space is needed to designate all desired beneficiaries.

Primary Beneficiary(s): All surviving Primary Beneficiaries will receive equal amounts of the proceeds (unless percentages or amounts are indicated). If more than one Primary Beneficiary is named the total % must equal 100%.

Names (Last, First, MI)	%	Relationship	Date of Birth (MM/DD/YY)	Social Security Number

Contingent Beneficiary(s): If the Named Insured out-lives all Primary Beneficiaries, all surviving Contingent Beneficiaries will receive equal amounts of the proceeds (unless percentages or amounts are indicated). If more than one Contingent Beneficiary is named the total % must equal 100%.

Names (Last, First, MI)	%	Relationship	Date of Birth (MM/DD/YY)	Social Security Number

Grandchildren's Clause: ☐ Check this box to ensure that in the event a Primary or Contingent Beneficiary who is a son or daughter of the insured is no longer living at the time of the Insured's death, their portion of the policy proceeds will be paid equally to their surviving legal children.

Special Notice for Residents of a Community Property State: A spouse of former spouse may have an interest in life insurance proceeds or any accumulated cash value if the policy premiums were paid with community funds. It is your responsibility to consult your legal advisor to 1) ensure that any required consent from a spouse or former spouse has been received and 2) ensure that your spouse or former spouse will not be able to make a claim against any policy values and/or proceeds in the event any policy benefits become payable.

I request this beneficiary designation replace all prior designations for the policy(s) listed above.

Signature of present policyowner _____ Date _____
MM/DD/YYYY

Signature of witness _____ Date _____
Must be someone other than the insured, a designated beneficiary and the policyowner MM/DD/YYYY

Print name and address of witness

_____
Last First MI Street Address City State Zip

Changing your beneficiary is a very serious matter. To ensure your beneficiaries receive their proceeds in the manner you desire, without any delays or disputes, it is extremely important that the form is completed correctly. Before completing this form, we suggest you visit our web site at coloniallife.com for additional information on changing beneficiaries.

Once Colonial Life receives and approves this form, all other beneficiary designations are null and void. This means if you want any of the beneficiaries previously named to continue as a beneficiary, you must include their names on the new Change of Beneficiary Form.

If you want to have the proceeds distributed through a Trust, please contact us for additional instructions on naming a Trust(ee) as beneficiary.

Instructions

- The policyowner must complete this form in its entirety.
- Print all information on the form in ink to ensure it is legible. It is extremely important we record your beneficiary designation(s) correctly.
- You must designate a primary beneficiary(s).
- You may also choose to designate a contingent beneficiary(s). A contingent beneficiary is the person or persons to receive benefits if no one listed as primary beneficiary is living at the time of the insured's death.
- You can designate one or more primary or contingent beneficiaries. Contact us if you need more space than provided on this form.
- You must give the full name of each beneficiary and their relationship to the insured (person whose life is covered by the policy). For example, John Jacob Doe, Spouse.
- Life insurance proceeds cannot be paid to a minor beneficiary or to the natural parents of a minor for the child's benefit. Unless there is a court appointed legal custodian or legal guardian (conservator) for the child's estate named by the probate court, Colonial Life will be forced to hold the proceeds (with interest earned on the funds) until the minor reaches the age of majority for the state in which the child resides.
- If this policy has a Cash Draft (located on the Policy Schedule page of the policy), and you return the policy with this Change of Beneficiary Form, we will reissue the cash draft to the new beneficiary. Note: Cash Drafts cannot be reissued to funeral homes, minors, trusts, estates or multiple beneficiaries.
- The policyowner must sign the form in ink and print their name and address.
- A witness must sign the form in ink and print their name and address. The witness must be someone other than the insured, the designated beneficiaries listed on the form, or the policyowner.
- Mail or fax this form to:

  Colonial Life
  PO Box 100130
  Columbia, SC 29202-1365

  Fax: 1.877.828.9430

- You will receive a letter of confirmation when the change has been completed. If there is a provision in this policy which requires that a beneficiary change be endorsed upon the policy, it is now waived and the desired beneficiary change will be effective, once received and approved by Colonial Life, as of the date it was signed. We will confirm the change by US Mail.