Bankers Fidelity®

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CHANGE FORM

PLEASE PRINT & COMPLETE ONLY THE APPROPRIATE ITEMS

Policy Number	Email
Insured's Name	**Social Security Number**
Owner's Name	**Social Security Number**

❏ 1. **NAME CHANGE:** Change name of ❏ Insured ❏ Owner ❏ Payor ❏ Beneficiary

Print Former Name: ______________________ Signature: ______________________
(not required for Beneficiary)

Print New Name: ______________________ Signature: ______________________
(not required for Beneficiary)

Reason for Change: ______________________ Effective Date: ______________
(If other than correction, attach a copy of legal evidence)

Address: ______________________ Phone # ______________

❏ 2. **OWNERSHIP CHANGE:** Transfer ownership of the policy to:

Name: ______________________ Social Security # ______________

Address: ______________________ Phone # ______________

Signature of New Owner: ______________________ Relationship to Insured: ______________

❏ 3. **CHANGE OF BENEFICIARY:**

PRIMARY BENEFICIARY (IES) Equally, unless otherwise provided in percentages

Name: ______________________ %_____ Social Security # ______________
Address: ______________________
Relationship: ______________ Phone # ______________ Birth Date ______________

Name: ______________________ %_____ Social Security # ______________
Address: ______________________
Relationship: ______________ Phone # ______________ Birth Date ______________

CONTINGENT BENEFICIARY (IES) If no Primary Beneficiary survives the Insured, then,

Name: ______________________ %_____ Social Security # ______________
Address: ______________________
Relationship: ______________ Phone # ______________ Birth Date ______________

Name: ______________________ %_____ Social Security # ______________
Address: ______________________
Relationship: ______________ Phone # ______________ Birth Date ______________

❏ 4. **CERTIFICATE OF INSURANCE OR DUPLICATE POLICY:** I certify I have been unable to find the above-described policy and that it is not assigned or pledged. I request the issuance of a certificate of insurance, or duplicate policy, if available.

SIGNATURES: I/We agree that my/our signature(s) below shall apply to each request which has been checked.

______________________ Policy Owner ______ Date ______________________ Co-Owner ______ Date

______________________ Irrevocable Beneficiary ______ Date ______________________ Assignee, Officer's Signature ______ Date

______________________ Witness ______ Date ______________________ Assignee, Title and Company Name