

CHANGE OF BENEFICIARY(IES)

INSTRUCTIONS

Please complete and sign this form and send to Specialty Life Insurance

NEW BENEFICIARY

Insured(s) _____ Policy No. _____
I, owner's of the contract, ask Specialty Life Insurance to update the current beneficiary(ies) and name exclusively the following beneficiary(ies)

Name of Beneficiary	Relationship to Insured	Age of Beneficiary (MM/DD/YYYY)	% Share (must add up to 100%)	Primary/Contingent	Revocable/Irrevocable
				<input type="checkbox"/> P <input type="checkbox"/> C	<input type="checkbox"/> R <input type="checkbox"/> I
				<input type="checkbox"/> P <input type="checkbox"/> C	<input type="checkbox"/> R <input type="checkbox"/> I
				<input type="checkbox"/> P <input type="checkbox"/> C	<input type="checkbox"/> R <input type="checkbox"/> I
				<input type="checkbox"/> P <input type="checkbox"/> C	<input type="checkbox"/> R <input type="checkbox"/> I
				<input type="checkbox"/> P <input type="checkbox"/> C	<input type="checkbox"/> R <input type="checkbox"/> I

SIGNED AT	DATE
SIGNATURE OF WITNESS	SIGNATURE OF OWNER

CONSENT OF THE REVOKED BENEFICIARY(IES) (only if applicable)

I (we), hereby, declare being of the age of majority, renounce all my (our) rights and interests in the contract and accept, without restriction, the revocation of my (our) status as beneficiary(ies).

SIGNED AT	DATE (MM/DD/YYYY)
SIGNATURE OF WITNESS	SIGNATURE OF REVOKED BENEFICIARY(IES)

HEAD OFFICE USE ONLY

DATE OF REGISTRATION	REGISTERED BY
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