



## REQUEST FOR CHANGE OF BENEFICIARY

Owner Name	Phone
Address (Street, City, State, Zip Code)	Email

The Owner requests that the Beneficiary(ies) under Policy/Contract No. \_\_\_\_\_ issued on the life of \_\_\_\_\_ be changed as follows:

Full Name of Insured or Annuitant \_\_\_\_\_

**Instructions:** Unless you state otherwise, if more than one primary Beneficiary is named, each primary Beneficiary will share equally with other surviving primary Beneficiaries. If no primary Beneficiary(ies) survive(s), each contingent Beneficiary will share equally with other surviving contingent Beneficiaries. Please list in whole percentages only; percentages in each Beneficiary class (primary or contingent) must total 100%.

**Note:** An irrevocable Beneficiary is a person or entity designated as a recipient of the death benefit whose share cannot be changed without the irrevocable Beneficiary's written consent. If you designate an irrevocable Beneficiary, Illinois Mutual also will require the irrevocable Beneficiary to consent in writing to requests for other Policy/Contract changes. If you wish to designate an irrevocable Beneficiary, write "Irrevocable" after the named Beneficiary.

a. Name (First, MI, Last or Entity Name if Non-Natural Person)	<input type="checkbox"/> Primary % of Proceeds _____	Date of Birth
Address (Street, City, State, Zip Code)	SSN/Tax ID #	Relationship
b. Name (First, MI, Last or Entity Name if Non-Natural Person)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent % of Proceeds _____	Date of Birth
Address (Street, City, State, Zip Code)	SSN/Tax ID #	Relationship
c. Name (First, MI, Last or Entity Name if Non-Natural Person)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent % of Proceeds _____	Date of Birth
Address (Street, City, State, Zip Code)	SSN/Tax ID #	Relationship
d. Name (First, MI, Last or Entity Name if Non-Natural Person)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent % of Proceeds _____	Date of Birth
Address (Street, City, State, Zip Code)	SSN/Tax ID #	Relationship

See attached    If you wish to name additional Beneficiaries, check the box at left and attach a separate page, signed and dated, that includes: The Policy/Contract number; the Insured's/Annuitant's name; and the additional Beneficiaries' names, relationship to the Insured/Annuitant, address, date of birth, Beneficiary class (primary or contingent), and percentage of proceeds.

If none of the named Beneficiaries are living at the time of death, benefits will be paid to the Policy/Contract Owner, if living, or the Owner's estate.

**Additional Information/Special Beneficiary Requests:** Use this section to supply additional information about your Beneficiary designation(s) that may not be captured above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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