



# Change of Beneficiary Request

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\*REQUIRED INFORMATION

\*Policy # \_\_\_\_\_ \*Insured's Name \_\_\_\_\_

\*Insured's Date of Birth \_\_\_\_\_ \*Insured's Social Security # \_\_\_\_\_

\*Policyowner's Name \_\_\_\_\_ \*Policyowner's Social Security # \_\_\_\_\_  
(If other than Insured)

\*Home Phone: (    ) \_\_\_\_\_ \*Work Phone: (    ) \_\_\_\_\_

• **This form revokes all previous beneficiaries.** If beneficiaries previously named are to be included in this designation, they should be renamed on this beneficiary form.

• **When a Business, Entity or Trust is the Owner,** the full name of the Business, Entity or Trust should be inserted above the signature of an Authorized Company Representative or Trustee(s) empowered to sign on behalf of the trust.

If you are acting on behalf of the Owner in a representative capacity (i.e., attorney-in-fact, guardian, conservator, etc.), please provide your title and the document supporting your authority.

• **Attachments to the form are acceptable.** The attachments should include the policy number, Insured's name, be dated the same date as the beneficiary form, and signed by the policyowner.

### INSTRUCTIONS AND SAMPLE DESIGNATIONS FOR BENEFICIARY CHANGE ON REVERSE SIDE

#### Primary Beneficiary

Name & Address	Social Security #	Date of Birth	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### Contingent Beneficiary

Name & Address	Social Security #	Date of Birth	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*REQUIRED INFORMATION

#### \*SIGNATURES

_____	_____
Signature of Owner(s)	Date
_____	_____
Signature of Spouse (if Community Property)	Date
_____	_____
Signature and Title of Assignee(s), if applicable.	Date

Note: If corporate owner, provide corporation's name, two officers' signatures and their titles.

## Instructions for Designating or Changing a Beneficiary

•A **primary beneficiary** receives the claim proceeds in the event of the Insured's death. If more than one beneficiary is named, proceeds will be split equally unless otherwise specified. List full name and relationship of the beneficiary. If the beneficiary is not related to you, show relationship as "friend".

•We strongly encourage you to name a **contingent beneficiary**. The contingent beneficiary receives the claim proceeds in the event that the primary beneficiary(s) does not survive the Insured. If more than one beneficiary is named, proceeds will be split equally unless otherwise specified.

•If you wish to name a **Trust as a beneficiary**, the Trust must exist on the date of the beneficiary designation. Write in the formal name of the Trust (i.e. John Doe Revocable Trust Dated 01/01/2006). Also attach a copy of the Trust Agreement. If you do not wish to provide the entire trust, then please supply the following portions:

- The name of the Trust
- The name of the Trustee(s)
- The date of the Trust
- Signature(s) of the Trustee(s)

•To name an Estate, write "**Estate of the Insured**" in the beneficiary designation on the form. (Upon the death of the Insured, a copy of executor papers from Probate Court will be required before proceeds are paid to the Estate.)

•It is inadvisable to name a beneficiary who is a permanent resident of a **foreign country**. If a foreign resident is named, furnish a full address.

•It is inadvisable to name a **minor child**. Upon death, legal guardianship papers will be required from court. A legal guardian is not the person with custody of the child, unless specifically named a guardian or custodian by the courts. If a minor child is named, please indicate the date of birth and if proceeds should be held on deposit until the child is the age of majority.

•To name all children the insured currently has, and all future children they may have, list "**All children of the Insured Equally**". In the event a child does not survive the insured, proceeds will be split equally between the surviving children.

•To name all children of the insured and all future children, including in the event a child does not survive the insured, list "**All children of the Insured Equally per Stirpes**". If a child does not survive the insured, the portion of that child's proceeds will then be split to their surviving children (the insured's grandchildren).

•If you would like to name a **funeral home** as a beneficiary, you must first contact the Home Office. Not all States allow a beneficiary designation of a funeral home, and additional paperwork (insurance assignment) may be needed to have proceeds payable to a funeral home upon the death of the insured. Indicate the exact name of the funeral home and the phrase "as their interest may appear". Also indicate a contingent beneficiary in the event proceeds are greater than the cost of the funeral.

•It is inadvisable to name "**per my last will and testament**". If you wish to name the same individuals who are named in your will, but you want benefits paid directly instead of passing through your estate, then you should name the individuals on the form in the same manner as under your will.

•If naming a **non-profit organization** or charity, please include an address and contact name. If possible, please also include the tax identification number of the organization.

•If the beneficiary designation **does not fit on the form provided**, write "see attached" on the form. The attached designation form must list each beneficiary as a primary or contingent, and also include the policy number, insured's name, signature of the owner, and date.