

## INSTRUCTIONS REQUEST FOR CHANGE OF BENEFICIARY FORM

**\*IMPORTANT NOTE: Altered forms cannot be accepted. This includes erasures, corrections and the use of whiteout on the form.**

- Faxes Will Not Be Accepted
- Do Not Send Policy with this Form
- Mail to Aurora National Life Assurance Company, PO Box 202260, Austin, TX 78720-2260

### **Additional Instructions for Completing Change of Beneficiary Form**

1. **Name Change:** In the case of name change, we require legal proof of the change such as Marriage Certificate, Divorce Decree, Drivers License, Social Security Card, Court Order or Federal ID card.
2. **Beneficiary Designations:** Be sure to state full names, and relationships ("Mary Doe, wife of the insured" or "Jane and Jim Doe, children of the insured.") Avoid listing only a relationship as the beneficiary (for instance, "spouse of the insured" or "children of the insured").
3. **If naming a Trust, please include the full name of the Trust, including the Date of the Trust, the Tax ID Number and a copy of Trust.** If you do not wish to provide us with a copy of the entire Trust, please provide us with the portions of the Trust document that designate:
  - The name of the Trust
  - The name of the Trustee(s)
  - The date of the Trust
  - Signature(s) of Trustee(s)
  - In the event the trustee has changed since the original designation with our Company, provide us with any letters of resignation and/or letter of acceptance of the new trustees.
4. **If policy is corporately owned,** an officer of the Corporation, **other than the Insured,** must sign on behalf of the Corporation, indicating their corporate title. Please submit legal documentation listing the currently authorized signers for the company. This information should be on company letterhead or be a copy of the corporate minutes. Also the Tax ID number for the Corporation must be provided.
5. **Policies subject to Viatical / Life Settlement transaction –** Are you or any individual/entity named as beneficiary a viatical settlement provider, life settlement provider, the receiver or conservator of a viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider; or an individual or entity which invested in this policy as a viatical or life settlement? If so, please check the appropriate box on the Change of Beneficiary form.
6. **Spousal Signature:** For the protection of both parties, if the owner resides in a Community Property State, we request that the owner's spouse join in signing and dating this form. If the owner resides in CA, ID, NV or WA the owner's spouse must sign and date this form and if there has been a dissolution of marriage due to divorce or death, please provide us with a copy of the divorce decree or death certificate. The divorce decree must clearly state to whom the policy was awarded.

### **Examples Of Typical Beneficiary Designations**

1. **Minor Children** should not be named as beneficiary since proceeds cannot be made payable to minors. If a beneficiary is a minor at the time proceeds are payable, we will require court documentation of the appointment of a Guardian of the Minor's Estate.
2. **Multiple Beneficiaries:** John H. Doe, Father 75%; Mary E. Doe, Mother 15%; and Jane Doe, Sister 10%. Percentages must equal 100%.
3. **Trust Beneficiary:** The exact name of trust Trust trustees names as trustee(s) under written trust agreement dated                     .                      Tax ID #
4. **Partnership Beneficiary:** Smith, Jones and Brown, a partnership consisting of John A. Smith, William Jones and Henry Brown.
5. **Common Disaster Clause:** Mary E. Doe, Wife, if living on the day after the death of the Insured; otherwise to John Doe, Son, and Jane Doe, Daughter, equally or the survivor.
6. **Irrevocable Beneficiary:** Mary E. Doe, Wife, Without Reserving the Right to Change the Beneficiary. (If this type of designation is made, the consent of such beneficiary or beneficiaries will be required to exercise a subsequent right or privilege under said policy, including the right to designate a new beneficiary.)
7. **Estate as Beneficiary:** The estate of John H. Doe, Insured.
8. **Funeral Home Beneficiary:** If you reside in a state other than New York or Texas, you may name a funeral home as beneficiary under a life insurance policy or annuity contract except for policies or contracts used to fund pre-need funeral contracts. If naming a funeral home as beneficiary, please include the exact name of the funeral home and the phrase "as their interest may appear." Please be aware that if the funeral home's interest is less than the death proceeds and they are listed as the only beneficiary, they are under no obligation to give any remaining funds to your family or estate. We recommend that you still name a trusted family member or friend as contingent beneficiary.  
  
For life insurance policies or annuity contracts that are used to fund pre-need funeral contracts, different requirements apply and states may prohibit you from naming a funeral home as beneficiary. Please seek legal advice before naming a funeral home as beneficiary under this type of life insurance policy or annuity contract.
9. The relationship of the proposed beneficiary to the person whose life is insured is needed for the purpose of identification. If no relationship exists, please furnish other information that will serve to identify the beneficiary.

## REQUEST FOR CHANGE OF BENEFICIARY FORM

Policy Number: \_\_\_\_\_

Insured: \_\_\_\_\_

- **Faxes Will Not Be Accepted**
- **Do No Send Policy with this form**

Policy Owner: \_\_\_\_\_

Complete form by typing or printing using ink. Any alterations to the form must be initialed by the owner. The form must be signed and dated within the past six months. Separate requests must be submitted for multiple policies. If more than two beneficiaries are requested, a Separate page or copy of this form may be submitted which contains the policy number, the information regarding the beneficiary, the owner's signature(s) and the date signed. If more than one beneficiary is named, state the exact manner in which they are to share in the proceeds by using percentages. The percentages must equal 100%. Review the attached additional instructions if: the policy owner is a trust or a corporation, you are changing the beneficiary to a trust or corporation, the policy owner name has changed, or if you reside in a community property state.

### PRIMARY:

1)

| NAME    | DATE OF BIRTH | RELATIONSHIP | SS# OR TIN# | % |
|---------|---------------|--------------|-------------|---|
| ADDRESS |               |              |             |   |

2)

| NAME    | DATE OF BIRTH | RELATIONSHIP | SS# OR TIN# | % |
|---------|---------------|--------------|-------------|---|
| ADDRESS |               |              |             |   |

### CONTINGENT:

1)

| NAME    | DATE OF BIRTH | RELATIONSHIP | SS# OR TIN# | % |
|---------|---------------|--------------|-------------|---|
| ADDRESS |               |              |             |   |

2)

| NAME    | DATE OF BIRTH | RELATIONSHIP | SS# OR TIN# | % |
|---------|---------------|--------------|-------------|---|
| ADDRESS |               |              |             |   |

**Policies subject to Viatical / Life Settlement transaction** - Is any individual/entity listed on this form as beneficiary, a viatical settlement provider, a life settlement provider, the receiver or conservator of a viatical or life settlement company, a viatical of life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider, or an individual or entity which invested in this policy as a viatical or life settlement?

☐ Yes ☐ No

**I (we) as the policyowner(s) hereby consent to the above designations and revoke all previous beneficiary designations.** The effective date of this revocation and change, upon being filed and recorded with the Company, will take effect as of the date the form was signed, unless the policy has been terminated, surrendered, or had a claim filed and/or processed against it before this revocation and change is received by the Company.

Print Name of Policy Owner

Signature of Policy Owner

Date

Print Name of Policy Co-owner (if applicable)

Signature of Policy Co-Owner (if applicable)

Date

Spousal Signature (See additional Instructions attached)

Date

Irrevocable Beneficiary Signature (if applicable)

Date

Signature of Notary Official, if applicable Notary seal/stamp. If the owner's signature has changed over the years please have the signature notarized

Date