



## BENEFICIARY CHANGE REQUEST

### Policy/Certificate Number(s)

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### Section 1: Insured

First Name	Middle Name	Last Name
Permanent Address: City, State, Zip Code		Phone Number
<input type="checkbox"/> Please check if you would like the address listed to be the address of record for the policy.		
Date of Birth	Social Security Number/Tax Identification Number (TIN)	
The policy proceeds payable upon the death of the insured for each policy listed above will be paid to the beneficiaries named herein.		

### Section 2: Owner (If different than Insured)

If there are multiple owners, please designate one address for all policy correspondence to be mailed to since our administrative systems will only allow one address for mailing. Please note: If you do not indicate an address for mailing, the first owner listed will become the nominee owner and receive all correspondence.

First Name	Middle Name	Last Name
Permanent Address: City, State, Zip Code		Phone Number
<input type="checkbox"/> Please check if you would like the address listed to be the address of record for the policy.		
Date of Birth	Social Security Number/Tax Identification Number (TIN)	

### Section 3: General Provisions

- Please complete the form(s) in their entirety to avoid delays in processing.
- Please use percentages in your designation - fractions and dollar amounts are not accepted. **Designations must equal 100%.**
- All beneficiary changes **MUST** include the designation of a Primary Beneficiary. Even if you only want to change the Contingent Beneficiary, you must restate the Primary Beneficiary.
- To distribute proceeds "per stirpes" please check the box. Per Stirpes is a common way of distributing proceeds where if one or more of your beneficiaries has died, his or her children share equally in his or her share of the proceeds (also known as Right of Representation). If per stirpes is selected it is required to attach a separate page listing the names, social security numbers, date of births, address and phone numbers for all children.

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- Contingent Beneficiaries will receive death benefit proceeds in the event that the Primary Beneficiary predeceases the insured and if the primary designation did not include “per stirpes”.
- If you need additional space or wish to designate more than four beneficiaries, attach another sheet marked “Attachment.” Each attachment must contain policy number(s) and be signed and dated.
- If a Trust is named beneficiary, complete the Certification of Trust in section 6. The Company is not required to know or research the terms of the Trust. Payment to the named trust will fully discharge all liability of the Company to the extent of such payment.
- If the owner is a Company or Plan, please provide a current list of those authorized to sign on the company’s behalf. The form must be signed by two authorized representatives (signors).
- If a legal representative signs for the Owner, supporting legal documentation must accompany the form.
- Any payment to a minor beneficiary will be held with the Company until the state’s age of majority or until Legal Guardianship of the minor’s Estate is established or unless otherwise permitted by law.
- If the Insured’s Estate is selected as Primary Beneficiary, a Contingent Beneficiary does not apply.
- If the owner resides in Massachusetts, the owner’s signature must be witnessed by a disinterested person over 18 who is not being named beneficiary.

## BENEFICIARY CHANGE REQUEST

### Section 4A: Primary Beneficiary(ies)

\* fields are required for processing the Beneficiary Change request.

<b>Name*</b>			<b>Percentage*</b>	
		%		
<b>Date of Birth (mm/dd/yy)*</b>		<b>Relationship*</b>		Phone Number
Street Address		City		State
				Zip
<b>Social Security Number/TIN Number*</b>			Please distribute the proceeds "Per Stirpes" <input type="checkbox"/>	

<b>Name*</b>			<b>Percentage*</b>	
		%		
<b>Date of Birth (mm/dd/yy)*</b>		<b>Relationship*</b>		Phone Number
Street Address		City		State
				Zip
<b>Social Security Number/TIN Number*</b>			Please distribute the proceeds "Per Stirpes" <input type="checkbox"/>	

<b>Name*</b>			<b>Percentage*</b>	
		%		
<b>Date of Birth (mm/dd/yy)*</b>		<b>Relationship*</b>		Phone Number
Street Address		City		State
				Zip
<b>Social Security Number/TIN Number*</b>			Please distribute the proceeds "Per Stirpes" <input type="checkbox"/>	

<b>Name*</b>			<b>Percentage*</b>	
		%		
<b>Date of Birth (mm/dd/yy)*</b>		<b>Relationship*</b>		Phone Number
Street Address		City		State
				Zip
<b>Social Security Number/TIN Number*</b>			Please distribute the proceeds "Per Stirpes" <input type="checkbox"/>	

If you need more space or have attached additional sheets to your form, please check this box . You may use additional blank pages completed with beneficiary information, signed and dated on each sheet. Include the word "Attachment" and policy numbers on each additional sheet.

## BENEFICIARY CHANGE REQUEST

### Section 4B: Contingent Beneficiary(ies)

\* fields are required for processing the Beneficiary Change request.

<b>Name*</b>			<b>Percentage*</b>  %	
<b>Date of Birth (mm/dd/yy)*</b>		<b>Relationship*</b>		Phone Number
Street Address		City		State
Social Security Number/TIN Number*		Please distribute the proceeds "Per Stirpes" <input type="checkbox"/>		

<b>Name*</b>			<b>Percentage*</b>  %	
<b>Date of Birth (mm/dd/yy)*</b>		<b>Relationship*</b>		Phone Number
Street Address		City		State
Social Security Number/TIN Number*		Please distribute the proceeds "Per Stirpes" <input type="checkbox"/>		

<b>Name*</b>			<b>Percentage*</b>  %	
<b>Date of Birth (mm/dd/yy)*</b>		<b>Relationship*</b>		Phone Number
Street Address		City		State
Social Security Number/TIN Number*		Please distribute the proceeds "Per Stirpes" <input type="checkbox"/>		

<b>Name*</b>			<b>Percentage*</b>  %	
<b>Date of Birth (mm/dd/yy)*</b>		<b>Relationship*</b>		Phone Number
Street Address		City		State
Social Security Number/TIN Number*		Please distribute the proceeds "Per Stirpes" <input type="checkbox"/>		

If you need more space or have attached additional sheets to your form, please check this box . You may use additional blank pages completed with beneficiary information, signed and dated on each sheet. Include the word "Attachment" and policy numbers on each additional sheet.

## Section 5: Signature of ALL Owners

If this transaction is subject to a **community property** interest, we strongly recommend that You obtain your spouse's signature on the line below to document his/her consent to this transaction. States that recognize community property interests in property held by married persons include Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

You understand and agree that the Company may presume that no community property interest exists if You have not obtained your spouse's signature below. Further, You understand and agree that the Company has no duty to inquire further about any such community property interest. As a result, You agree to indemnify and hold the Company harmless from any consequences relating to community property interests and this transaction.

Please note that the term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law.

I hereby revoke all previous beneficiary designations and request North American Company change the beneficiaries for the listed contract or policy.

Date	Owner's Signature*
Date	Signature of Owner's Spouse (Required if issue or resident state is AK, AZ, CA, ID, LA, NV, NM, TX, WA WI)
Date	Signature of Joint Owner or Second Officer with Title
Date	Signature of Disinterested Witness (Required in Massachusetts)

If you are signing on behalf of the owner, as a legal representative, please print your name and provide your signature below. Check the box that applies to the capacity in which you are signing. If you have not already done so, please provide the court documents to verify you are authorized to act on behalf of the owner and have the authority to make such a change.

Conservator     Guardian     Power of Attorney

Printed Name	
Signature	Date
Signature of Witness (Required Only in Massachusetts)	Date

# CERTIFICATION OF TRUST AGREEMENT

Please complete using information from the Trust document

## Section 6: Trust Agreement

Policy No(s): *Please state pending if this form is being submitted with a new application.			
Name of Insured(s): First Name		M.I.	Last Name
First Name		M.I.	Last Name
Full Name of Trust			
Trust Effective Date		Trust Identification Number/Tax ID Number	
Which state law governs this Trust?			
Preparer of Trust		Preparer's Telephone Number	
Preparer's Address	Street	City	State Zip
Is the trust a beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a testamentary trust? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please sign and date here _____ and return the form. If no, complete the remainder of the form before returning. **If this form is being completed in connection with a death claim, complete the remainder of the form before returning.			
Name of Grantor(s)/Settlor(s): First Name		M.I.	Last Name
First Name		M.I.	Last Name
Name/Address of all current Trustee(s): *Please attach additional pages if insufficient space has been provided.			
Trustee(s) Date of Birth:			
Trustee(s) SSN:			
Trustee(s) Telephone #:			
Name/Address of Successor Trustee(s) if current trustee(s) resign or cannot fulfill their duties: *Please attach additional pages if insufficient space has been provided.			

1. The above referenced Trust Agreement (the "Trust") requires that: (Please mark the appropriate box.)  
 all Trustees     a majority of Trustees     any Trustee     Trust only has one Trustee must sign documents pertaining to the above-referenced Policy which require a signature.
2. The insurance agent or any person affiliated with the insurance agent is not a beneficiary of the above referenced trust.  
 Agree     Disagree

\* If marked disagree, please attach an explanation of why your agent or person affiliated with your agent is named as a beneficiary of the trust.

Note: Under the laws of most states, an agent is restricted in, or prohibited from, having a beneficial interest in a contract sold by that agent, unless that agent is a family member, or has a recognized insurable interest. Additionally, our Company policy prohibits our agents from serving in any capacity that may be construed as creating a direct or indirect conflict of interest with regard to a contract or contracts for which they are or have been the agent(s) of record.

3. The relationship of the Trust Beneficiary(ies) to the Insured is:  
 Spouse     Children     Grandchildren     Other \_\_\_\_\_

Please explain.

4. Was the Trust validly executed, and is it in full force and effect?  Yes  No

Please be advised that the Insurer reserves the right to request and receive a copy of the Trust documents if it determines that it is necessary to do so. Before the Insurer pays proceeds at the death of the Owner/Insured of the Policy(s) it may also require proof that the Trust is then in full force and effect.

**Declaration by Trustee(s)**

The Trustee(s) states and agrees that if the Trust is named as owner, it is authorized under the terms of the Trust to purchase and hold insurance; that if the Trust is named as beneficiary of the Policy(s), it is authorized to receive insurance proceeds. The Trustee represents that they have determined the suitability of the Policy for the Trust.

The Trustee agrees that the Insurer's sole obligation is to perform under the terms of the Policy(s). The Trustee also agrees that the Insurer may rely on the signature(s) of the Trustee(s) on behalf of the Trust in the same regard as if they were the actual owner or beneficiary of the Policy(s); the Insurer may rely solely on this Certification as well as the statements and representations made in the associated application, as a basis for issuing and/or performing obligations of the above-referenced Policy and to determine the trust is in effect and the information provided is accurate; the Insurer has no obligation to investigate the terms of the Trust or the authority of the Trustee(s) and will not be accountable for knowledge about the terms of the Trust beyond this Certification; the Insurer expressly denies responsibility regarding the use and applications of any payments to the Trustee(s); the Insurer has no obligation to determine the Policy's conformance to income distribution requirements of the Trust agreement.

The Trustee(s) declares they have had an opportunity to consult with their own independent legal, tax and trust advisors concerning the appropriateness of the Policy(s) for the Trust and they have the authority to execute this Agreement and bind the Trust to the terms therein. As Trustee(s), and on behalf of the Trust, agree to hold the Insurer and its agents, employees, and other representatives harmless from any action the Insurer takes at the direction of the Trustee(s); unless such hold harmless is not permitted by applicable law.

The Trustee(s) declares, solely in its capacity as trustee and not individually and on behalf of the Trust, that each and every Trustee and successor Trustee are bound by this declaration. It is further understood that the Insurer may rely upon the direction of the named Trustee(s) and any named successor Trustee(s) until the Insurer receives written notification at its Administrative Office, of a change of Trustee. The Trustee(s) agrees to notify the Insurer within a reasonable time after such a change occurs.

The Trustee further acknowledges and agrees that:

**The Trustee further acknowledges and agrees that:**

- (a) Neither the Insurer or agents are authorized by the Company to recommend or sell Trusts while acting in their capacity as an agent for the Company and that any trust recommendation should be provided by a qualified advisor;
- (b) neither the Company nor any of its agents, employees or representatives are authorized to give tax or legal advice;
- (c) the Trustee(s) has not relied upon any representation or advice of any of the insurer's agents, employees or representatives with respect to the terms of validity of the Trust or the utilization of the Trust as the owner and/or beneficiary of this Policy; and
- (d) the purchase of this Policy is not required in conjunction with the establishment of the Trust and that any fees, costs and/or expenses associated with the establishment of the Trust are independent of any premium paid for the purchase of this Policy.

Note: The number of Trustees indicated in Question 1 must sign below.

By: (Trustee Signature)	Date	By: Trustee Signature	Date
By: (Trustee Signature)	Date	By: Trustee Signature	Date

**For Corporate Trustees:**

Title/Capacity of Signatory: \_\_\_\_\_

Trustee Name: \_\_\_\_\_  
(Please Print or type)

Trustee Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Please include a copy of your corporate resolution showing the names and titles of the two officers authorized to sign on behalf of the entity.