

**See Instructions on Reverse**

GROUP NUMBER

## DIVISION NUMBER

EMPLOYER (POLICYHOLDER) NAME

CERTIFICATE #

[illegible]

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## CHANGE OF BENEFICIARY

Primary Beneficiary(ies)

Residential Address

Date of Birth

Social Security #

Tele. #

## Relationship

% of Benefit

Contingent Beneficiary(ies)

Residential Address

Date of Birth

Social Security #

Tele. #

## Relationship

% of Benefit

## CHANGE OF NAME

To: \_\_\_\_\_

☐ **ISSUE DUPLICATE CERTIFICATE (POLICY)** because my original certificate (policy) has been lost or mislaid. I declare that such original certificate (policy) has not been pledged as security for any loan and that I do not know where such certificate (policy) is now. If such certificate (policy) is found I will surrender it to the Insurance Company immediately.

I hereby agree that the copy of the signature appearing on the carbon copy of this form shall be accepted as my signature and I further agree to the conditions appearing on the reverse side hereof.

POLICYHOLDER'S ACKNOWLEDGEMENT OF CHANGE  
THE AUTHORIZED CHANGE(S) SET FORTH IN THE FOREGOING  
INSTRUMENT ARE HEREBY ACKNOWLEDGED.

Insured's Signature

Administrator's Authorized Signature

Date

Date

Insured's Copy  
Attach to  
Enrollment Card