

# COLONIAL SECURITY LIFE INSURANCE COMPANY

Dallas, Texas

## REQUEST FOR CHANGE OF BENEFICIARY

Policy Number	Insured	Effective Date of Change		
		Day	Month	Year

All previous beneficiary designations and modes of settlement are hereby revoked. Subject to the provisions of the policy, settlement of the policy proceeds upon the death of the Insured, shall be payable in one sum to:

	Please Print Names & addresses in full	Relationship to Insured	Age
<b>Primary Beneficiary</b>			
<b>Contingent Beneficiary</b>			

If two or more Beneficiary in each class is named, they shall have equal interest or all to the survivor(s), unless otherwise stated.

(If this section is not completed, it shall be of no force or effect.)

Yes  No

**MINORTY CLAUSE**

Proceeds of this Policy during the minority of any Beneficiary named in this request shall be payable to \_\_\_\_\_\*, if living, otherwise to the legal guardian of the estate of the minor Beneficiary. (If no name is inserted, legal guardian of the estate of the minor Beneficiary will be assumed.)

It is agreed: (1) that any provisions of the Policy requiring that it be endorsed to reflect the above change are hereby waived; and (2) that when this request has been filed and acknowledged by the Company at its Home Office, the change shall take effect as of the Date Change Requested by the undersigned, but without prejudice to the Company on account of any payment made or any action taken or permitted by the Company before such filing and acknowledgement.

NOTE: As used in this request, the words "insured" and "policy" mean "annuitant" and "contract" in the case of an annuity.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Owner's address: \_\_\_\_\_

\_\_\_\_\_ Owners Social Security Number: \_\_\_\_\_

\_\_\_\_\_ Witness

\_\_\_\_\_ Signature of Owner

\_\_\_\_\_ Witness

\_\_\_\_\_ Signature of Insured

\_\_\_\_\_ Signature of Spouse

\_\_\_\_\_ Signature and Title of Officer signing for owner

The above Request for Change of Beneficiary has been filed and acknowledged by Colonial Security Life Insurance Company.

Date \_\_\_\_\_

By \_\_\_\_\_  
Teri Gorham Nettle, Secretary Treasurer

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INSTRUCTIONS

1. Do not return policy with this request. Complete form in one part and forward to the Home Office. A copy will be returned, to be kept with the policy.
2. The owner of the policy must always sign the Request for Change of Beneficiary form.
3. Do not use dollar amounts but express fractional interests in percentages. (Example: 50% to Mary J Smith, 25% to John K Smith and 25% to Jane Smith.)
4. If a Corporation is the prior Owner and previous Beneficiary, a Corporate Resolution authorizing this request is required.
5. If the owner Lives in a Community Property State, signature of Spouse is required Community property states are: AZ, CA, ID, LA, NV, NM, TX & WA