

Beneficiary Change Request
P.O. Box 2549, Waco, TX 76702-2549
Fax: 254-297-2105 Scan: POS@aatx.com

Policy No. _____

Insured's Name: _____ SSN: _____

Policy Owner's Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Beneficiary Change – The owner revokes the beneficiary designation and any election of settlement option now in effect under the above described policy and changes the beneficiary designation to:

Primary Beneficiary:

Print Full Given Name and Surname	SSN	DOB	Relationship to Insured	%

Contingent Beneficiary:

Print Full Given Name and Surname	SSN	DOB	Relationship to Insured	%

Unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the Insured, but if none survive, proceeds will be paid in equal shares to any contingent beneficiaries who survive the Insured. If no named beneficiary shall survive the Insured, then the proceeds shall be payable to the owner, if living, otherwise to the legal representative of the estate of the owner. The owner reserves the right to change the beneficiary designation unless otherwise expressly stated.

The owner expressly agrees that any change above will take effect as of the date this notice was signed, except as to any payment made by the Company before such change is recorded by the Company. The owner agrees that the Company may waive any policy provision requiring presentation of the policy for endorsement, but may require presentation, if desired.

Dated at _____ the _____ day of _____, _____
(City/State) (Day) (Month) (Year)

Witness _____ Policy Owner _____
(Signature of Non-Relative-Cannot Be New Beneficiary) (Signature)

The Company acknowledges receipt of this requested change but does not assume responsibility for its validity or legal effect or the rights and liabilities of any person.