



Madison  
National Life

**REQUEST  
FOR CHANGE**

Return to:

National Insurance Services  
250 S. Executive Drive, Suite 300  
Brookfield, WI 53005-4273  
Attn: Billing Department  
1-800-627-3660

**CURRENT INFORMATION**

Employer Name \_\_\_\_\_ Carrier ID #\* \_\_\_\_\_  
 Insured's Name \_\_\_\_\_ Insured's Social Security # \_\_\_\_\_  
 Insured's Telephone Number \_\_\_\_\_ Employee's Social Security #\*\* \_\_\_\_\_  
 Employee's Name\*\* \_\_\_\_\_

\*Found on Certificate of Insurance. \*\*If different than insured's.

**CHANGE OF NAME**

I hereby request my name to be changed to: \_\_\_\_\_  
 My name prior to this change was: \_\_\_\_\_  
 Reason for change of name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**CHANGE OF BENEFICIARY**

Under and subject to the terms of the policy for the employer listed above, the insured hereby revokes any former designation of beneficiary and now designates as beneficiary(ies):

YOUR DEATH BENEFITS ARE TO BE PAID TO:  
PRIMARY BENEFICIARY(IES)

IF PRIMARY BENEFICIARY(IES) IS/ARE NOT LIVING AT THE TIME OF  
YOUR DEATH, BENEFITS ARE TO BE PAID TO:  
SECONDARY BENEFICIARY(IES)

NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP	PERCENT OF BENEFIT	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP	PERCENT OF BENEFIT

**Please Note:**

- 1) If a minor is named as beneficiary, the following should be taken into consideration: The insurance company cannot disburse benefits directly to a minor. Additionally, the insurance company cannot pay a 'Natural Guardian', it can only pay a 'Legal Guardian'. Legal guardians must be appointed by the courts. If a legal guardian is not appointed, benefits due to a minor will remain on deposit, and earn interest, with the insurance company until the minor is of legal age.
- 2) If the insured resides in a community property state, it may be unlawful to name someone other than the insured's spouse as a beneficiary without the insured's spouse's consent. Community property states include, but might not be limited to: AZ, CA, ID, LA, NM, NV, TX, WA and WI.

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

Signature of Spouse (Required for community property states only.) \_\_\_\_\_

Signature of Witness \_\_\_\_\_

The Company hereby consents to the change of beneficiary above and has amended its records.

Date approved \_\_\_\_\_

*Signature on File*  
Larry Graber – President  
Madison National Life Insurance Company

Mail original to address in top right corner and keep a copy for your records.