



REQUEST FOR CHANGE

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)

Table with 6 columns: 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