



DESCRIPTION:

Use this form to establish new beneficiary provisions for life insurance policies or annuity contracts. This form does not change ownership.

INSTRUCTIONS:

- Please print clearly using blue or black ink.
- Cross-through, initial, and date any corrections or changes.
- Please refer to your policy's contract for the specific terms and conditions of the changes requested on this form.
- If you need additional space, attach an additional page signed and dated by all owners (or trustees, if applicable). All information requested on the form must be included for any beneficiaries listed on the additional page.
- If a legal representative is signing for the Owner, please provide supporting legal documentation.
- This form is to be forwarded to Sagicor Life Insurance Company (Sagicor). A confirmation of the beneficiary change will be sent to you for your records.
- **Percentages Must Equal 100%:** Percentages MUST be in whole numbers and equal 100% in each beneficiary category. Do not designate any dollar amounts on this form. If percentages are not indicated, all beneficiaries within a particular category will share the death benefit equally.
- **Trusts:** If the new beneficiary is a trust, the trust name and date must be included as the name in the information box below.
- **Irrevocable Beneficiaries:** If this policy is under assignment or has an irrevocable beneficiary, the signature of the assignee or irrevocable beneficiary is required below. Designating an irrevocable beneficiary on this form will cause the irrevocable beneficiary's signature to be required on future policy change requests.
- **Minor Beneficiaries:** If a minor child is designated as a beneficiary, his or her parents (or other interested adult) may be required to obtain approval from a court before Sagicor releases the death benefit proceeds. We recommend you speak with an attorney for any state specific requirements with regard to minor beneficiaries.
- **Entities or Non-Natural Persons:** You may designate as a beneficiary a non-natural person such as a trust or charitable organization. If after your death Sagicor is provided with satisfactory proof that any such beneficiary is not then in existence, no portion of the death benefit will be allocated to it, and its share of the death benefit will be reapportioned to any surviving beneficiaries.



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BENEFICIARY CHANGE FORM

LIFE INSURANCE COMPANY

POLICY INFORMATION

Insured/Annuitant Name _____ Policy/Contract # _____
 (First, Middle, Last)
 Current Owner Name _____ Social Security # _____

BENEFICIARY INFORMATION

Sagikor is hereby requested to revoke all prior beneficiaries and optional modes of settlement (if any) and change the beneficiaries of this contract to the following:

Primary Beneficiary

Primary Beneficiary Name: _____
 Address: _____
 Social Security #: _____ Date of Birth: _____ Relationship: _____
 Irrevocable Beneficiary Share percentage _____ % (Leave blank for equal distribution)

Primary Beneficiary

Primary Beneficiary Name: _____
 Address: _____
 Social Security #: _____ Date of Birth: _____ Relationship: _____
 Irrevocable Beneficiary Share percentage _____ % (Leave blank for equal distribution)

Contingent Beneficiary

Contingent Beneficiary Name: _____
 Address: _____
 Social Security #: _____ Date of Birth: _____ Relationship: _____
 Irrevocable Beneficiary Share percentage _____ % (Leave blank for equal distribution)

Contingent Beneficiary

Contingent Beneficiary Name: _____
 Address: _____
 Social Security #: _____ Date of Birth: _____ Relationship: _____
 Irrevocable Beneficiary Share percentage _____ % (Leave blank for equal distribution)

ACKNOWLEDGEMENT AND AUTHORIZATION

The following applies to each person signing this Request: I am waiving any contract provision that requires sending the contract to Sagikor Life insurance Company (Sagikor) for the purpose of endorsing this change of beneficiary. This request for a change of beneficiary will officially become a part of this contract as of the date specified in the contract, without holding Sagikor accountable for any action taken prior to acknowledging this change.

The undersigned certify that no person, firm, or corporation other than the undersigned has any interest in this policy.

I hereby acknowledge that I have read and understand this Request in its entirety, and represent and certify that, to the best of my knowledge, the above information is correct.

Policy Owner's Signature _____	Date _____	Joint Policy Owner's Signature _____	Date _____
Assignee/Irrevocable Beneficiary's Signature _____	Date _____	Parent's/Legal Guardian's Signature _____	Date _____
Witness Signature (Massachusetts only*) _____	Date _____	*A witness signature of a disinterested party is required in the state of Massachusetts for life insurance policies.	



BC140012