



Sagicor Life Insurance Company
4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251
(888) 724-4267 / Fax: (480) 425-5139

BENEFICIARY CHANGE FORM

DESCRIPTION:

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

INSTRUCTIONS:

- Use complete names (John J. Smith, not J. J. Smith).
- Print clearly using blue or black ink.
- Cross-through, initial, and date any corrections or changes. Do not use correction fluid.
- Ensure that this form is completed fully and legibly and signed by all necessary persons.
 - All Owners must sign this form.
 - If a legal representative is signing on behalf of the Owner, supporting legal documentation is required. The representative's title must be provided in the Acknowledgement and Authorization section.
 - All required trustees, as indicated by the trust document, must sign this form if the policy is owned by a trust. Each trustee's title must be provided in the Acknowledgement and Authorization section.
 - If the policy is owned by a corporation or other business entity, the authorized representative(s) must sign this form and a corporate resolution (or similar) must be attached. Each authorized representative's title must be provided in the Acknowledgement and Authorization section.
- Please refer to your policy's contract for the specific terms and conditions regarding the changes requested on this form.
- If you need additional space, attach an additional page signed and dated by all necessary persons (as described above). All information requested on the form must be included for any beneficiaries listed on the additional page.
- Forward form to Sagicor Life Insurance Company (Sagicor). Confirmation of change(s) 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 has an irrevocable beneficiary, the signature of the 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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POLICY INFORMATION			
Insured/Annuitant Name		Policy/Contract Number	
Owner Name		Owner's Social Security Number	
BENEFICIARY INFORMATION			
Sagicor 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			<input type="checkbox"/> Irrevocable Beneficiary
Address			Relationship
Social Security Number	Date of Birth	Share Percentage (leave blank for equal distribution)	
Primary Beneficiary Name			<input type="checkbox"/> Irrevocable Beneficiary
Address			Relationship
Social Security Number	Date of Birth	Share Percentage (leave blank for equal distribution)	
Primary Beneficiary Name			<input type="checkbox"/> Irrevocable Beneficiary
Address			Relationship
Social Security Number	Date of Birth	Share Percentage (leave blank for equal distribution)	
Contingent Beneficiary			
Contingent Beneficiary Name			<input type="checkbox"/> Irrevocable Beneficiary
Address			Relationship
Social Security Number	Date of Birth	Share Percentage (leave blank for equal distribution)	



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Contingent Beneficiary (continued)			
Contingent Beneficiary Name			<input type="checkbox"/> Irrevocable Beneficiary
Address			Relationship
Social Security Number	Date of Birth	Share Percentage (leave blank for equal distribution)	
Contingent Beneficiary Name			<input type="checkbox"/> Irrevocable Beneficiary
Address			Relationship
Social Security Number	Date of Birth	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 Sagicor Life Insurance Company (Sagicor) 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 Sagicor 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.

Signature of Owner	Type or Print Name	Title	Date
Signature of Joint Owner <i>(if jointly owned)</i>	Type or Print Name	Title	Date
Signature of Irrevocable Beneficiary <i>(if applicable)</i>	Type or Print Name	Title	Date
Signature of Parent/Legal Guardian <i>(if Owner is a minor)</i>	Type or Print Name	Title	Date
Signature of Witness <i>(Massachusetts only*)</i>	Type or Print Name	Title	Date

***A witness signature of a disinterested party is required in the state of Massachusetts for life insurance policies.**



BC140012