



PO Box 11948, Winston Salem, NC 27116 Phone: (833) 658-2840 †Fax: (727) 399-6965

**BENEFICIARY CHANGE FORM**

Policy No.: \_\_\_\_\_ Insured: \_\_\_\_\_  Single  Divorced  
 Married  Widow/Widower  
Telephone: \_\_\_\_\_ Address (City, State, Zip Code) \_\_\_\_\_ Owner's Social Security/Tax ID No.: \_\_\_\_\_

**Instructions:**

Please **type** or **print** clearly in ink all applicable sections. **You must sign, date and return the form to us for the change(s) to be valid.** If the beneficiary is to be a Trust, copies of the Title and Signature pages, or Certification of Trust, must accompany this request. **Once this change has been recorded at the Home Office, a recorded copy will be returned to you to attach securely to your policy.**

*The undersigned hereby revokes all previous designations of beneficiaries under the above-numbered policy and designates the following beneficiary(s) in accordance with the "Beneficiary" provisions of the policy.*

**PRIMARY DESIGNATIONS**

Primary- Name	Address/ Telephone	SS/Tax ID No.	Date of Birth	Relationship	% of Benefit

*Total % of Benefits should equal 100%. If no percentages are designated, distribution will be in equal shares.*

**CONTINGENT DESIGNATIONS (Optional)**

Contingent- Name	Address/ Telephone	SS/Tax ID No.	Date of Birth	Relationship	% of Benefit

*Total % of Benefits should equal 100%. If no percentages are designated, distribution will be in equal shares.*

Signed at: (City, County, State) \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be an Unrelated Adult Person with no Interest in the Policy)

Witness's Printed Name: \_\_\_\_\_

**IMPORTANT: DO NOT USE CORRECTION FLUID ON THIS FORM. IF YOU HAVE MADE AN ERROR, MARK THROUGH IT AND INITIAL YOUR CHANGE. DO NOT MAIL THE POLICY**

**ATTENTION:** If you live in a community property state, and you have designated someone other than your spouse as beneficiary, state law requires that your spouse consent to such designation. If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s) may not be effective.

I, \_\_\_\_\_ do hereby consent to the foregoing beneficiary designation(s)  
(Spouse)

Signature of Spouse: \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

Such person is known to me or has produced \_\_\_\_\_ as identification.

Notary Signature: \_\_\_\_\_

Notary Printed Name: \_\_\_\_\_

Notary Public Commission No. \_\_\_\_\_

Serial Number, if any: \_\_\_\_\_

Seal

†Colorado Bankers Life Insurance Company (CBLife) is not responsible for undelivered mail. To protect your personal information, CBLife recommends certified mail or some other service such as FedEx or UPS. **Do not** send the form by unsecured email. You can transmit the form via facsimile; however, CBLife shall not be responsible for any unintended disclosure or breach of such facsimile transmission. If you choose to send it by fax, and accept responsibility for any unintended disclosure or breach of such facsimile transmission, the fax number is: (727) 399-6965

"For your protection California law requires the following to appear on this form:  
Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."