


# Colonial Life State of Arkansas Change of Beneficiary Form

 FAX this direction	<b>Fax this form: 803-678-6861</b> Or mail: P.O. Box 1365, Columbia, SC 29202	From:	
			Number of pages:

**I am changing the following:**  Primary Beneficiary  Contingent Beneficiary  Both (If no box is checked, the form will be reviewed only for the beneficiary designations listed.)

<b>Insured's name:</b>	First:	Middle Initial:	Last:
SSN:	DOB: ____/____/____	Telephone:	Email:
Address:	City:	State:	ZIP:
Policy number(s):			

**General Information**

**Naming a Minor as a Beneficiary:** In some instances, Colonial Life may not be able to pay life insurance proceeds to a minor beneficiary unless a court appointed adult guardian, conservator or custodian has been properly designated for the minor's property in advance planning documents. When Colonial Life is unable to disperse benefits in such situations, Colonial Life will hold the proceeds (with interest earned on the funds) until the minor reaches the age of majority. If you have questions about the consequences of naming a minor as a beneficiary, feel free to discuss with a legal or estate planning professional.

**Naming a Trust:** Provide the name of the trust, the date the trust was established, and the address of where the trust is held.

**Naming a Funeral Home:** Provide the name, full address, and the owner or authorized personnel of the funeral home. Write "As Interest May Appear" and designate another primary beneficiary to receive any remaining benefits available after the funeral home's expenses have been paid.

**Primary beneficiary(ies)** All fields must be completed for each beneficiary. Unless otherwise specified, proceeds will be paid in equal shares to surviving beneficiaries. If selecting more than one Primary Beneficiary, the percentages must equal 100%. Attach additional pieces of paper if more space is needed.

First:	Middle initial:	Last:	Percentage
DOB: ____/____/____	SSN:	Telephone:	
Address:	City:	State:	ZIP:

First:	Middle initial:	Last:	Percentage
DOB: ____/____/____	SSN:	Telephone:	
Address:	City:	State:	ZIP:

First:	Middle initial:	Last:	Percentage
DOB: ____/____/____	SSN:	Telephone:	
Address:	City:	State:	ZIP:

First:	Middle initial:	Last:	Percentage
DOB: ____/____/____	SSN:	Telephone:	
Address:	City:	State:	ZIP:

**Contingent beneficiary(ies)** If at the time of the insured's death and all primary beneficiaries are disqualified or die before the insured, proceeds will be paid to the contingent beneficiaries listed in equal shares. If selecting more than one contingent beneficiary, the percentage must equal 100%. Attach additional pieces of paper if more space is needed.

First:	Middle initial:	Last:	Percentage	
DOB: ____/____/____	SSN:	Telephone:		
Address:	City:	State:	ZIP:	

First:	Middle initial:	Last:	Percentage	
DOB: ____/____/____	SSN:	Telephone:		
Address:	City:	State:	ZIP:	

First:	Middle initial:	Last:	Percentage	
DOB: ____/____/____	SSN:	Telephone:		
Address:	City:	State:	ZIP:	

First:	Middle initial:	Last:	Percentage	
DOB: ____/____/____	SSN:	Telephone:		
Address:	City:	State:	ZIP:	

**Required signature (complete this section in its entirety)**

<p>_____</p> <p style="text-align: center;">Signature of policy owner</p>		<p>_____</p> <p style="text-align: center;">Date (MM/DD/YYYY)</p>	
Print policy owner name:			SSN:
DOB: ____/____/____	Telephone:	Email:	
Address:	City:	State:	ZIP:

**Special Notice for Residents of a Community Property State:** A spouse or former spouse may have an interest in life insurance proceeds or any accumulated cash value if the policy premiums were paid with community funds. It is your responsibility to consult your legal advisor to 1) ensure that any required consent from a spouse or former spouse has been received and 2) ensure that your spouse or former spouse will not be able to make a claim against any policy values and/or proceeds in the event any policy benefits become payable.