

Instructions for Change of Beneficiary

Please use the attached form to request a change in beneficiary. **Do not complete the Change of Beneficiary section for a change of name only.**

This request, when completed, is recorded and is in substitution of all previous designations. Be sure to rename all previous beneficiaries who are to receive any of the proceeds of the policy. If this is a Joint Life Policy, a separate form must be completed for each insured person whose beneficiary is being changed; however, each jointly insured person must sign. If the policy has joint ownership, all owners must sign any form submitted.

Complete the Request for Change of Beneficiary form by listing the full given name for each person being named. Indicate their address, social security number, date of birth, and relationship to the insured person. Sign and date the form where required, and obtain signatures of all additional parties, as outlined below.

SIGNATURE REQUIREMENTS

1. **The Policyowner.** The insured is usually the policyowner, but ownership may be vested wholly or partially in:
 - a) Another person, whose signature is required. If there are two or more persons named as co-owners, all owners must sign.
 - b) A Corporation. The signature and title of an authorized officer, other than the insured, is required, with the corporate seal affixed over it. In addition, a copy of the Articles of Incorporation and the most recent Board Resolution must be provided to show the officers/owners with the authority to make the change.
 - c) A Partnership. All general partners must sign and a copy of the Partnership Agreement must be submitted.
 - d) A Trust. All trustees must sign and a copy of the complete Trust Agreement must be submitted.
2. **Absolute Assignee.** If the policy is absolutely assigned, the signature of the assignee is required.
3. **Spouse.** Special community property requirements apply if the policy was issued in or the policyowner resides in one of these states (or jurisdictions): Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin and Puerto Rico. If a policy was issued in a community property state (or jurisdiction), the spouse at the time of issue, if any, must sign the change form. In case of a divorce, a copy of the policyowner's entire divorce decree must be submitted (or the ex-spouse must sign the change form). In case of a deceased spouse, a copy of the death certificate must be submitted. When the policyowner currently resides in a community property state (or jurisdiction), the policyowner's current spouse, if any, must sign the change form.
4. **Juvenile policy.** Most juvenile policies contain an Ownership or Control of Policy provision designating the person who must sign if the insured is a minor and at what age the ownership transfers to the insured. The person or persons controlling the policy must sign the change form.
5. **Witness.** The witness must be over the age of 18 and not be a beneficiary on the change form.

Upon approval by American Fidelity, a copy of the Request for Change of Beneficiary form will be sent to you for your records. If you have any questions about your insurance policy or certificate or about your request for a change in beneficiary, please call us at 1-800-323-3748.

Sincerely,

Customer Service Department
American Fidelity Educational Services

EXAMPLES OF COMMONLY USED BENEFICIARY DESIGNATIONS

A list of the more common types of beneficiary designations requested and examples of proper wording for each type follows. When proceeds are to be split between more than one beneficiary, indicate the percentage (rather than the dollar amounts) to be paid to each. If the policyowner is not the insured, the designated primary and contingent beneficiaries must have an insurable interest in the life of the insured.

TYPE OF BENEFICIARY	EXAMPLES OF WORDING TO BE USED
1) One primary beneficiary	Mary E. Doe, Wife (NOT Mrs. John J. Doe)
2) Two primary beneficiaries (equal shares)	John J. Doe, Father Mary E. Doe, Mother
3) Two primary beneficiaries (unequal shares)	75% to Mary E. Doe, Wife 25% to Jane J. Doe, Mother
4) One primary beneficiary and one contingent beneficiary	Primary – Mary E. Doe, Wife Contingent – Jane J. Doe, Mother
5) One primary beneficiary and two contingent beneficiaries	Primary – Mary E. Doe, Wife Contingent– 75% to Jane J. Doe, Mother 25% to James H. Doe, Brother
6) One primary beneficiary (spouse) and contingent beneficiaries (equal shares to children)	Primary – Mary E. Doe, Wife Contingent– Sam M. Doe, Son Susan B. Doe, Daughter Ann R. Doe, Daughter Adam P. Doe, Son
7) Creditor beneficiary	The ABC Savings and Loan Association, an Oklahoma corporation, Creditor, as Its interest may appear; balance, if any, to Mary E. Doe, Wife
8) Partnership beneficiary	John A. Smith, William W. Jones, and Henry H. Brown, business partners, SJ & B Company, an Oklahoma corporation
9) Corporation beneficiary (requires that the person insured is a primary owner of the corporation)	The ABC Company, Inc., an Oklahoma corporation
10) Insured's Estate	Estate of the Insured
11) Trustee beneficiary (Trust established under written Trust Agreement. Payment of the proceeds to or the release of the trustee shall constitute a full discharge to the Company of all liability under the policy.) A copy of the Declaration of Trust page that stipulates the name of the trust, the date of the trust and the names of all trustees is required.	The John J. Doe Trust dated xx/xx/xxxx, Jane Doe as Trustee

PLEASE READ INSTRUCTIONS FOR CHANGE OF BENEFICIARY BEFORE COMPLETING THIS FORM



A member of the American Fidelity Group

American Fidelity Educational Services
PO BOX 25523
Oklahoma City, OK 73125
PHONE 800-323-3748
FAX 800-522-6343
www.americanfidelity.com

POLICY # _____

INSURED _____

POLICYOWNER _____
(If other than Insured)

ADDRESS _____
STREET ADDRESS / P O BOX CITY STATE ZIPCODE

SOCIAL SECURITY # _____ PHONE _____

REQUEST FOR CHANGE OF BENEFICIARY

FIRST BENEFICIARY (PRIMARY)

Please print

Table with 5 columns: FULL NAME OF BENEFICIARY, RELATIONSHIP TO INSURED, SSN, DOB, ADDRESS. Contains 3 empty rows for data entry.

If surviving the insured. If more than one person is named, benefits will be paid in equal shares to the survivors, unless indicated otherwise. Otherwise payable to:

SECOND BENEFICIARY (CONTINGENT)

Table with 5 columns: FULL NAME OF BENEFICIARY, RELATIONSHIP TO INSURED, SSN, DOB, ADDRESS. Contains 3 empty rows for data entry.

If surviving the insured and primary beneficiary. If more than one person is named, benefits will be paid in equal shares to the survivors, unless indicated otherwise. If no beneficiary survives the insured, the proceeds will be paid as provided in the policy. If no provision is made in the policy, then proceeds will be paid to the estate of the insured. Such payment will be made in one sum with any installment payments being commuted.

All relationships shall be in reference to the insured person named in the heading of this request form. If a beneficiary is other than a person, all references herein to life or death shall be construed to refer to the continuance or non-continuance of such entity's existence. The interests of all beneficiaries are subject to any assignment of this policy on record at the Home Office of the Company. Unless otherwise stated in the policy, the owner(s) reserve(s) the right to further change the beneficiary without the beneficiary's consent.

If the policy numbered above is not in force when this agreement is recorded such action shall not constitute an admission by the Company that the policy is in force.

It is understood that this request for change of beneficiary will replace all previous requests and will take effect on the date recorded by the company, as indicated below.

Signed at _____ on _____ 20 ____
City State Date

Witness-print and sign name _____

Signature of Insured _____

Witness-print and sign name _____

Signature of Policyowner, if other than Insured _____

Witness-print and sign name _____

Signature of Spouse, if Community Property State _____

Witness-print and sign name _____

Signature of Irrevocable Beneficiary, if any _____

FOR HOME OFFICE USE ONLY - The foregoing request has been recorded at the Home Office of American Fidelity Assurance Company, Oklahoma City, Oklahoma.

Date _____

Approved by _____