

American Fidelity
Attn: Account Admin Dept
PO BOX 25523
Oklahoma City, OK 73125
PHONE 800-662-1113
FAX 800-620-8915
www.americanfidelity.com

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.
 - 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. **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.
- 4. **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	EVAMBLES OF WORDING TO BE USED		
TYPE OF BENEFICIARY	EXAMPLES OF WORDING TO BE USED		
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	Primary – Mary E. Doe, Wife		
beneficiary	Contingent – Jane J. Doe, Mother		
5) One primary beneficiary and two contingent	Primary – Mary E. Doe, Wife		
beneficiaries	Contingent- 75% to Jane J. Doe, Mother		
	25% to James H. Doe, Brother		
6) One primary beneficiary (spouse) and contingent	Primary – Mary E. Doe, Wife		
beneficiaries (equal shares to children)	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	The ABC Company, Inc., an Oklahoma corporation		
insured is a primary owner of the corporation)			
10) Insured's Estate	Estate of the Insured		
11) Truston hangfinians / Trust actablished	The John I Dee Trust dated with white Jane Dec.		
11) Trustee beneficiary (Trust established under written Trust Agreement. Payment of the	The John J. Doe Trust dated xx/xx/xxxx, Jane Doe as		
proceeds to or the release of the trustee shall	Trustee		
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.			

PLEASE READ INSTRUCTIONS FOR CHANGE OF BENEFICIARY BEFORE COMPLETING THIS FORM		AMERICAN FIDELITY a different opinion American Fidelity Attn: Account Admin Dept			
POLICY #					
					POLICYOWNER
(If other than Insured)				HONE 800-662-1113	
	CITY STATE	ZIPCODE		FAX 800-620-8915	
•	PHONE			v.americanfidelity.com	
•	UEST FOR CHAN	IGE OF BENE	FICIARY		
FIRST BENEFICIARY (PRIMARY)	ease print RELATIONSHIP				
FULL NAME OF BENEFICIARY	TO INSURED	SSN	DOB	ADDRESS	
If surviving the insured. If more than one perso otherwise. Otherwise payable to: SECOND BENEFICIARY (CONTINGENT)	n is named, benefits v	vill be paid in equ	ıal shares to th	e survivors, unless indicated	
If surviving the insured and primary beneficiary survivors, unless indicated otherwise. If no ber no provision is made in the policy, then proceed with any installment payments being commuted	neficiary survives the indestrial in the second section in the second to the second second in the second second in the second se	nsured, the proce	eds will be pai	d as provided in the policy. If	
All relationships shall be in reference to the inst		the heading of th	nis request form	n. If a beneficiary is other than a	
person, all references herein to life or death sha existence. The interests of all beneficiaries are	all be construed to refe	er to the continua	nce or non-cor	ntinuance of such entity's	
Unless otherwise stated in the policy, the owne consent.					
If the policy numbered above is not in force who Company that the policy is in force.	en this agreement is re	ecorded such act	ion shall not co	nstitute an admission by the	
It is understood that this request for change of the company, as indicated below.	oeneficiary will replace	e all previous req	uests and will to	ake effect on the date recorded by	
Olava and and				00	
Signed atCity	State		on	20 Date	
Witness-print and sign name		Signature of I	Insured		
Transco print and sign name		orginatare or i	inour ou		
Witness-print and sign name		Signature of I	Policyowner, if	other than Insured	
Witness-print and sign name Sign		Signature of I	Signature of Irrevocable Beneficiary, if any		
EOD HOME OFFICE USE ONLY. The foreses	ng roquost has been	recorded at the U	lomo Offico of	American Eidelity Assurance	
FOR HOME OFFICE USE ONLY – The foregoi Company, Oklahoma City, Oklahoma.	ng request has been f	ecorded at the H	ome office of /	American Fluelity Assurance	
Date		Appr	oved by		