



Fidelity Life Association: 877-352-3303  
Administered by Selman & Company  
One Integrity Parkway  
Cleveland, OH 44143

## BENEFICIARY CHANGE FORM

### A. Coverage Information

Certificate Number: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Name of Certificate Holder(s) \_\_\_\_\_ Social Security or TIN No. (include dashes) \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### B. Beneficiary Changes. *Please include the address and Social Security Number of beneficiary(s), if known*

\_\_\_\_ Change Beneficiary(ies).

I hereby revoke any and all prior beneficiary designations and existing settlement agreements, if any, and elect to change the beneficiary(ies) under the above numbered certificate as follows:

**Primary Beneficiary(ies):** For multiple beneficiaries, payment will be made in equal share unless otherwise stated below.

Full Name (as it should appear on Company records)	%	Address (including City/State/Zip)	Relationship	Date of Birth

**Contingent Beneficiary(ies):** For multiple beneficiaries, payment will be made in equal share unless otherwise stated below.

Full Name (as it should appear on Company records)	%	Address (including City/State/Zip)	Relationship	Date of Birth

It is understood and agreed that, unless otherwise directed, proceeds will be paid in accordance with the certificate provisions.

### C. Signatures

\_\_\_\_\_  
Certificate Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse (requires in community property states) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Irrevocable Beneficiary's Signature \_\_\_\_\_ Date \_\_\_\_\_ Assignee's Signature \_\_\_\_\_ Date \_\_\_\_\_