



CHANGE OF BENEFICIARY INSTRUCTIONS

Instructions to complete your request:

- 1) Print clearly using ink. If you make a mistake, cross it out with 1 line and initial the error.
- 2) Check the appropriate box(es) for each PRIMARY and CONTINGENT beneficiary(ies.)
- 3) Provide the reason(s) for your change in beneficiary(ies.)
- 4) **Sign & Date page 2 of the Change of Beneficiary form.**

*** THE CERTIFICATE OWNER'S SIGNATURE MUST BE WITNESSED BY NOTARY PUBLIC ***

- 5) If you live in a *Community Property State* and you are not naming your spouse as the beneficiary, you may need to have your spouse sign the Change of Beneficiary form.
- 6) Return the original signed and notarized Change of Beneficiary form by mail to:
1891 Financial Life Insurance
200 N. Martingale Rd., Ste. 405
Schaumburg, IL 60173

General Guidelines:

- 1) Only the *OWNER of the certificate* or the Owner's legal authorized representative, may change a beneficiary.
- 2) If naming a TRUST as the beneficiary, provide the *EXACT name & date of the Trust Agreement*.
- 3) Due to Illinois Law and 1891 Financial Life Insurance's Bylaws, we are not permitted to name a specific funeral home or mortuary as a beneficiary. If you wish to designate proceeds to cover *Funeral Expenses*, payment will be made at that time, to the chosen funeral home or individual who pays the funeral bill.

Definitions:

Primary Beneficiary: First in line to receive the death benefit. May be one or more individuals.

Contingent Beneficiary: Second in line to receive the death benefits if no Primary beneficiary survives the insured.

Per Stirpes: Term used to describe how proceeds should be distributed when a beneficiary who has children, dies before the insured. The portion that would go to the deceased beneficiary will instead be divided equally amongst their children. It is intended to allow grandchildren to inherit in place of a deceased parent.

Children and Grandchildren: To the living descendants of the insured per stirpes.

Trust: Name of Trust and date of Trust. If the named Trust is not in effect as of the insured's date of death, payment will be made to the Estate of the insured.

Last Will and Testament Trust: Payment will be made to the trustee of the Trust established as of the insured's date of death.

*** THE CERTIFICATE OWNER'S SIGNATURE MUST BE WITNESSED BY NOTARY PUBLIC ***



CHANGE OF BENEFICIARY

Insured Name: _____ **SSN:** _____

Owner Name: _____ **SSN:** _____

Address / Apt. No: _____

City: _____ **State:** _____ **ZIP:** _____

Primary Phone No: _____ **Email:** _____

Certificate Number: _____ **Impact Team / Court:** _____ **Roster:** _____

Reason for Change in Beneficiary(ies): _____

The effective date will be the date of the Owner's signature. All prior beneficiary designations are then revoked. 1891 Financial Life Insurance and certificate Owner waive all requirements that a change of beneficiary be endorsed on the certificate.

1) If Naming an Individual(s) as a Primary Beneficiary and/or a Contingent Beneficiary

Primary

First Name: _____ **Last Name:** _____ **Percentage:** _____ %

Address / Apt. No: _____

City: _____ **State:** _____ **ZIP:** _____

Primary Phone No: _____ **Alternate Phone No:** _____

SSN/TIN: _____ **DOB (MM/DD/YYYY):** _____ **Email:** _____

Relationship: _____ **Gender:** M F Per Stirpes

Primary **Contingent** (check only one)

First Name: _____ **Last Name:** _____ **Percentage:** _____ %

Address / Apt. No: _____

City: _____ **State:** _____ **ZIP:** _____

Primary Phone No: _____ **Alternate Phone No:** _____

SSN/TIN: _____ **DOB (MM/DD/YYYY):** _____ **Email:** _____

Relationship: _____ **Gender:** M F Per Stirpes

Primary **Contingent** (check only one)

First Name: _____ **Last Name:** _____ **Percentage:** _____ %

Address / Apt. No: _____

City: _____ **State:** _____ **ZIP:** _____

Primary Phone No: _____ **Alternate Phone No:** _____

SSN/TIN: _____ **DOB (MM/DD/YYYY):** _____ **Email:** _____

Relationship: _____ **Gender:** M F Per Stirpes

Additional Beneficiaries are Attached.

2) If Naming a Trust as the Beneficiary

Primary Contingent (check one only)

Trust Agreement Name: _____

Trust Agreement Date: _____

Please Note: If the Trust is terminated, payment will be made to the Executor or Administrator of my estate.

3) If Naming Funeral Expense(s) as the Beneficiary

We will first satisfy unpaid funeral expenses in accordance with state limitations. Any remainder shall be payable to the said beneficiary and/or beneficiaries. **The Primary Beneficiary below should be listed as "Funeral Expenses."**
A Contingent Beneficiary may also be assigned and listed.

Primary Beneficiary: _____

If applicable: Contingent Beneficiary

First Name: _____ Last Name: _____

Address / Apt. No: _____

City: _____ State: _____ ZIP: _____

Primary Phone No: _____ Alternate Phone No: _____

SSN/TIN: _____ DOB (MM/DD/YYYY): _____ Email: _____

Relationship: _____ Gender: M F Per Stirpes

4) If Updating your Charitable Giving Rider with a Change of Beneficiary¹

Qualified Charitable Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ 501(c)(3) Tax ID Number: _____

Percent of Benefit to be payable to the Qualified Charitable Organization (QCO): _____%

¹ **Charitable Giving Rider Change of Beneficiary:** Death benefits are payable under the certificate to which this rider is attached, the benefit paid will equal to the sum of: a) A minimum of 1% of the contract's at-issue "Benefit Amount", or its adjusted benefit amount in the event of a subsequent reduction in the at-issue benefit amount after any loan balance is deducted; and will not include any dividend amounts or rider benefits payable. The death benefit payable to the beneficiary(ies) of the contract will be reduced by this amount; b) 1891 Financial Life Insurance will match the amount calculated in (a). c) The sum of (a) and (b) will not exceed \$2,500.

5) Signature Of Owner (notarized signature required)

I understand the beneficiary designation(s) noted here is final unless revoked by a future beneficiary change form.

Owner's Name: _____

Signature of Owner: _____ Date: _____

6) Notary Public

Subscribed and sworn to before me
on this _____ day of _____, 20____

NOTARY PUBLIC

My commission expires _____

FOR HOME OFFICE USE ONLY
 This request is accepted on MM/DD/YYYY: _____
 By: _____
On Behalf of 1891 Financial Life Insurance
 REMARKS: