



200 N. Martingale Rd., Ste. 405
Schaumburg, IL 60173
847-342-4500
info@1891FinancialLife.com
www.1891FinancialLife.com

FOR OFFICE USE ONLY:

_____/____

CHANGE OF BENEFICIARY

Use this form to change Beneficiaries on your life insurance policies.

Completing this form replaces your existing beneficiary designation. The effective date will be the date of the Owner's signature.

General Guidelines:

- 1) Only the **OWNER of the certificate** or the Owner's legal authorized representative may change a beneficiary.
- 2) Please print clearly, using ink. If you make a mistake, cross it out with 1 line and initial the error.
- 3) Provide the reason(s) for your change in beneficiary(ies.)
- 4) Gather the name(s), date(s) of birth, Social Security/Tax ID number(s) and contact information for all of your beneficiaries. Please provide details for each beneficiary, even if you have already given us this information in the past.
- 5) To name additional beneficiaries, attach a separate page. Provide the requested information including the beneficiary type (primary or contingent) and the % proceeds for each.
- 6) **Sign and date these pages, and any additional page, making sure the date is the same as the date next to the signature on page 4 of this form.**
- 7) Return the original signed and notarized Change of Beneficiary form by mail to:
1891 Financial Life
200 N. Martingale Rd., Ste. 405
Schaumburg, IL 60173

If the Insured dies without a surviving Beneficiary, payment will be made to the Owner, if living, otherwise payment will be made to the Owner's Estate.

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

SECTION 1: Insured Name and Owner Information

Insured Name: _____ SSN: _____

Owner Name: _____ SSN: _____

Address / Apt. No: _____

City: _____ State: _____ ZIP: _____

Primary Phone No: _____ Email: _____

Certificate Number: _____

Reason for Change in Beneficiary(ies): _____

SECTION 2: Designate your Primary Beneficiary

These parties are your first choice to receive the insurance proceeds after your death. If a primary beneficiary dies before you, we will divide their share(s) equally between the remaining primary beneficiaries.

- You must name at least one (1) primary beneficiary.
- Please check the box and complete the form fields for each beneficiary you name. Having accurate information for your beneficiaries ensures that we distribute the proceeds the way you want.
- Use the proceeds % field to tell us how you want us to distribute the proceeds. Make sure the % (and any listed on separate pages) add up to 100%.

Owner Initial Here: _____ Date (mm/dd/yyyy): _____

Primary Beneficiaries (continued)

☐ Individual First: _____ Middle: _____ Last Name: _____ Address / Apt. No: _____ City: _____ State: _____ ZIP: _____ Primary Phone No: _____ Alternate Phone No: _____ SSN/TIN: _____ DOB (MM/DD/YYYY): _____ Gender: ☐ M ☐ F Email: _____ Relationship: _____ ☐ Per Stirpes	% of proceeds assigned _____
☐ Individual First: _____ Middle: _____ Last Name: _____ Address / Apt. No: _____ City: _____ State: _____ ZIP: _____ Primary Phone No: _____ Alternate Phone No: _____ SSN/TIN: _____ DOB (MM/DD/YYYY): _____ Gender: ☐ M ☐ F Email: _____ Relationship: _____ ☐ Per Stirpes	% of proceeds assigned _____
☐ Individual First: _____ Middle: _____ Last Name: _____ Address / Apt. No: _____ City: _____ State: _____ ZIP: _____ Primary Phone No: _____ Alternate Phone No: _____ SSN/TIN: _____ DOB (MM/DD/YYYY): _____ Gender: ☐ M ☐ F Email: _____ Relationship: _____ ☐ Per Stirpes	% of proceeds assigned _____
☐ Your Estate – If you name your Estate as a primary beneficiary, you cannot name a contingent beneficiary. Provide a copy of the Estate Documents so that we can process your benefits in accordance to your legal documents.	% of proceeds assigned _____
☐ Testamentary Trust created in your Will – The trust under your last Will and Testament as shall be admitted to probate. Provide the EXACT name & date of the Trust Agreement. Provide a copy of the Trust Documents so that we can process your benefits in accordance to your legal documents.	% of proceeds assigned _____
☐ Living (Inter Vivos) Trust – See further instructions on page 4. Provide the EXACT name & date of the Trust Agreement. Provide a copy of the Trust Documents so that we can process your benefits in accordance to your legal documents.	% of proceeds assigned _____
☐ Charity/Organization – List the charity or organization name and not an employee of the charity or organization. See further instructions on page 4.	% of proceeds assigned _____
Total proceeds for all primary beneficiaries (listed here plus any listed on separate pages) must equal 100%.	

100%

Owner Initial Here: _____ Date (mm/dd/yyyy): _____

SECTION 3: Designate your Contingent Beneficiary

Skip this section if you are not naming a contingent beneficiary or if you named your Estate as a primary beneficiary. Contingent beneficiaries receive the insurance proceeds only if all of the primary beneficiaries are deceased at the time of your death. If a contingent beneficiary dies before you, we will divide their share(s) equally between the remaining contingent beneficiaries.

- Please check the box and complete the form fields for each beneficiary you name. Having accurate information for your beneficiaries ensures that we distribute the proceeds the way you want.
- Do not list the same person or entity as both a primary and a contingent beneficiary.
- Use the proceeds % field to tell us how you want us to distribute the proceeds. Make sure the % (and any listed on separate pages) add up to 100%.

☐ Individual First: _____ Middle: _____ Last Name: _____ Address / Apt. No: _____ City: _____ State: _____ ZIP: _____ Primary Phone No: _____ Alternate Phone No: _____ SSN/TIN: _____ DOB (MM/DD/YYYY): _____ Gender: ☐ M ☐ F Email: _____ Relationship: _____ ☐ Per Stirpes	% of proceeds assigned _____
☐ Individual First: _____ Middle: _____ Last Name: _____ Address / Apt. No: _____ City: _____ State: _____ ZIP: _____ Primary Phone No: _____ Alternate Phone No: _____ SSN/TIN: _____ DOB (MM/DD/YYYY): _____ Gender: ☐ M ☐ F Email: _____ Relationship: _____ ☐ Per Stirpes	% of proceeds assigned _____
☐ Your Estate – If you name your Estate as a primary beneficiary, you cannot name a contingent beneficiary. Provide a copy of the Estate Documents so that we can process your benefits in accordance to your legal documents.	% of proceeds assigned _____
☐ Testamentary Trust created in your Will – The trust under your last Will and Testament as shall be admitted to probate. Provide the EXACT name & date of the Trust Agreement. Provide a copy of the Trust Documents so that we can process your benefits in accordance to your legal documents.	% of proceeds assigned _____
☐ Living (Inter Vivos) Trust – See further instructions in Section 4. Provide the EXACT name & date of the Trust Agreement. Provide a copy of the Trust Documents so that we can process your benefits in accordance to your legal documents.	% of proceeds assigned _____
☐ Charity/Organization – List the charity or organization name and not an employee of the charity or organization. See further instructions in Section 4.	% of proceeds assigned _____
Total proceeds for all contingent beneficiaries (listed here plus any listed on separate pages) must equal 100%.	100%

Owner Initial Here: _____ Date (mm/dd/yyyy): _____

SECTION 4: Trust / Charity / Organization Beneficiaries

Skip this section if you did not name a Living Trust or Charity/Organization as one of your beneficiaries.

Otherwise, please provide the information requested below on a separate page. Make sure you include the type of beneficiary (primary or contingent) and that you sign and date these page(s).

Please include:

- Trust/Charity/Organization name
- Address
- Phone number
- Type of Beneficiary (primary or contingent)
- % of proceeds you are assigning to the Trust / Charity / Organization

Additional information required for Living (Inter Vivos) Trust(s):

- Trust date
- Trust Tax ID number
- Trustee first, middle, and last name
- Include a full copy of the Trust

SECTION 5: Signature required

By signing below, I hereby revoke any previous designations and any Settlement Option and/or Optional Income Plan election choices for the life insurance certificate listed, and I designate the person, people, or entity named herein as beneficiaries. I understand the beneficiary designation(s) noted here is final unless revoked by a future beneficiary change form.

☐ Check if you are completing and signing this form as agent for the insured under a valid Power of Attorney. Please submit a copy of the Power of Attorney with this beneficiary form.

Owner's Name (please print): _____

Signature of Owner: _____ Date: _____

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. 1891 Financial Life is not liable for any consequences resulting from your failure to obtain proper consent.

Spouse's Name (please print): _____

Signature of Spouse: _____ Date: _____

STEP 5: Notary Public Acknowledgment

STATE OF _____ COUNTY OF _____

This instrument was acknowledged before me on _____ (Date) by

_____ (name(s) of person(s)) as

_____ (type of authority if applicable, e.g., Officer, Trustee, etc.) of

_____ (name of party on behalf of whom instrument was executed, if applicable).

(Seal)

Signature of Notary Public: _____

Title: _____

My Commission Expires: _____

FOR HOME OFFICE USE ONLY

This request is accepted on MM/DD/YYYY: _____ By: _____

On Behalf of 1891 Financial Life

REMARKS:

Owner Initial Here: _____ Date (mm/dd/yyyy): _____

Did you remember to...

- Provide complete information for each of your beneficiaries?
- Make sure the total "proceeds %" for your primary beneficiaries (including those on a separate page) equals 100%? Separately, did you remember to make sure the total "proceeds %" for your contingent beneficiaries (including those on a separate page) equals 100%?
- Complete, sign and date any extra pages that list beneficiary information (such as Living Trust/Charity/Organization beneficiaries)?
- Cross out and initial any mistakes you made? (If you crossed out any answers, your signature is not enough. You must also initial all your corrections.) Example: ~~12/20/25~~ 12/20/15 *JB* answer corrected, initials required

Please note: we cannot record your beneficiary choices unless you complete these items.

Keep a copy of this completed form for your records.