

Trustmark

INSURANCE COMPANY

BENEFICIARY CHANGE FORM

Insured's Name: _____ Policy/Certificate Number: _____

Owner of Policy/Certificate: _____

- All beneficiary designations on the policy/certificate made prior to this date are revoked.
- The beneficiary or beneficiaries of the policy/certificate from this date shall be as follows:
- **IF MULTIPLE PARTIES ARE DESIGNATED AS BENEFICIARIES AND THERE ARE NO INSTRUCTIONS, PROCEEDS WILL BE PAID EQUALLY OR TO THE SURVIVORS.**

Name of Beneficiary	Date of Birth	Relationship	Beneficiary's Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any policy/certificate which requires endorsement of a beneficiary change on the policy/certificate form is deleted by mutual agreement of the owner and the company. The beneficiary may be changed at any time during the Insured's lifetime by written request satisfactory to the company. Such change will be binding on the company only when received at its home office, but when received shall take effect as the date it was signed by the Owner, subject to any action taken or payment made by the company before receipt and regardless of whether or not the Insured is living on the date of receipt.

This designation is made subject to all other terms and conditions of the policy/certificate and any assignments on record with the company.

Date

Signature of Owner

Witness/Not Related

Signature of Spouse-Community Property States (AZ, CA, ID, LA, NV, NM, TX, WA, WI)

Mail this form to Trustmark, P.O. Box 7937, Lake Forest, IL 60045. A photocopy will be returned for your records.

FOR HOME OFFICE USE ONLY

Received and original retained at home office

TRUSTMARK

Date _____ By _____