

## CHANGE OF BENEFICIARY REQUEST FORM

Please read the enclosed "Frequently Asked Questions" (FAQ) before completing this form.




### POLICY/CONTRACT INFORMATION

*Please print clearly in each box with blue or black ink.*

Policy/Contract Number		Owner's Email Address	
Owner's Name (First Name, M.I., Last, Suffix)			
Insured's/Annuitant's Name (if different than owner – First Name, M.I., Last, Suffix)			
Owner's Mailing Address		Owner's SSN/TIN	
City	State	Zip	Phone Number

### IMPORTANT NOTES – PLEASE READ

- Primary Beneficiary:** The person(s) who will receive the death benefits (or proceeds).  
All percentages you have assigned for your **primary** beneficiaries need to equal a combined total of 100%.
- Contingent Beneficiary:** The person(s) who will receive the death benefits if there is no primary beneficiary living.  
All percentages you have assigned for your **contingent** beneficiaries need to equal a combined total of 100%.
-  • The death benefits will be split equally, unless you assign percentages.
  - If you do not choose Primary or Contingent for each beneficiary, Primary will be assumed.

### BENEFICIARY DESIGNATION

Choose one: <input type="radio"/> Primary (Required) <input type="radio"/> Contingent	Percentage of Proceeds: _____ %	Optional Designation: (See FAQ for info) <input style="width: 100%;" type="text"/>
Full Name (First Name, M.I., Last, Suffix) or Name of Trust or Name of Organization		
Address	City	Date of Birth or Trust Date
Relationship or Trustee Name or Contact Organization	State	Phone Number
Email Address	SSN* or Tax ID	

\*Social Security number is NOT required but will assist in expediting payment at time of death.

Choose one: <input type="radio"/> Primary (Required) <input type="radio"/> Contingent	Percentage of Proceeds: _____ %	Optional Designation: (See FAQ for info) <input style="width: 100%;" type="text"/>
Full Name (First Name, M.I., Last, Suffix) or Name of Trust or Name of Organization		
Address	City	Date of Birth or Trust Date
Relationship or Trustee Name or Contact Organization	State	Phone Number
Email Address	SSN* or Tax ID	

Choose one:  Primary  Contingent (Required)      Percentage of Proceeds: \_\_\_\_\_ %      Optional Designation: \_\_\_\_\_ (See FAQ for info)

Full Name (First Name, M.I., Last, Suffix) or Name of Trust or Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth or Trust Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship or Trustee Name or Contact Organization \_\_\_\_\_ Email Address \_\_\_\_\_ SSN\* or Tax ID \_\_\_\_\_

Choose one:  Primary  Contingent (Required)      Percentage of Proceeds: \_\_\_\_\_ %      Optional Designation: \_\_\_\_\_ (See FAQ for info)

Full Name (First Name, M.I., Last, Suffix) or Name of Trust or Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth or Trust Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship or Trustee Name or Contact Organization \_\_\_\_\_ Email Address \_\_\_\_\_ SSN\* or Tax ID \_\_\_\_\_

**If additional designations are needed, please include a separate piece of paper with the policy/contract number, the same information as above for each beneficiary and sign/date.**



**SIGNATURE AND AUTHORIZATION**

This beneficiary change becomes effective when it is approved and recorded by the Company. After it is recorded, it will take effect as of the date the request is signed. The Company will not be responsible for any payment made or action taken before the request is recorded. The Company reserves the right to declare this form void and of no effect if it is incomplete, invalid, or completed in an unsatisfactory manner. This designation revokes all earlier beneficiary designations which may apply to the policy/contract.

**The owner of the policy/contract must sign the form in order to process the change. If multiple owners, all need to sign.**

Signature of **Policy/Contract Owner** \_\_\_\_\_ Date \_\_\_\_\_ Signature of **Co/Joint Owner** \_\_\_\_\_ Date \_\_\_\_\_  
 (Required)

Signature of **Irrevocable Beneficiary**, \_\_\_\_\_ Date \_\_\_\_\_ Signature of **Disinterested Witness** \_\_\_\_\_ Date \_\_\_\_\_  
 if applicable (See FAQ for info) (Required in state of MA-See FAQ for info)



**A confirmation will be mailed to you upon approval. Please allow adequate time for receipt of confirmation.**

**Please mail to:** CMFG Life Insurance Company      **OR**      Fax to: 608.236.8030  
 PO Box 61  
 Waverly IA 50677-0061

Need Assistance? Please call 800.779.5433

# CHANGE OF BENEFICIARY

## Frequently Asked Questions (FAQ)

**Q: Who can I name as a beneficiary?**

A: You may name any person, organization, trust or the insured's estate to receive the death benefit (or proceeds) upon the insured's death. You are not able to name yourself as a person beneficiary if you are the insured. It is important to include complete information to make sure the beneficiary can be unquestionably identified.

**Q: What does Primary and Contingent mean?**

A: A Primary beneficiary is the first in line to receive the proceeds. In the event that all of your named Primary beneficiaries are no longer living at the time of the insured's death, the proceeds would then go to the Contingent beneficiaries you have named.

**Q: Do I have to name a contingent beneficiary?**

A: No. The contingent beneficiary would only receive the proceeds if there are no surviving primary beneficiaries at the time of the insured's death.

**Q: What if my children are minors when I die?**

A: Subject to applicable law, proceeds payable to a beneficiary who is a minor child will be held in an interest-bearing account by the company until the minor attains legal age, or paid to a court-appointed financial guardian authorized to receive payment on behalf of the minor.

**Q: How do I name a trust I have established or a trust that will be established as part of my Last Will and Testament, as a beneficiary?**

A: Include the name of the trust, the name and address of the current trustee, and the date of the trust. If it is a trust to be established as part of your will, it should be identified as the "Trust established under the Last Will and Testament of (Testators name)", dated (date of Will).

**Q: Can I name a funeral home as a beneficiary?**

A: Some states do not allow a funeral home to be named as a beneficiary, so check with your attorney for restrictions. If this is allowed by your state, be aware that if a funeral home is listed as the only beneficiary, they are under no obligation to give any remaining proceeds to your family or estate.

**Q: What is an Optional Designation?**

A: Per Stirpes - When you name your beneficiary per stirpes, in the event that one of the beneficiaries predeceases you, his or her share of the proceeds passes equally to his or her descendants (i.e., children or grandchildren). If you wish to designate a beneficiary as per stirpes, please write "Per Stirpes" in the box next to Optional Designation on the beneficiary designation section you wish to make per stirpes. The designation must be a person.

Irrevocable - If a beneficiary is designated as Irrevocable, the beneficiary designation cannot be changed nor can any other changes be made to the policy without the consent of the irrevocable beneficiary. We recommend against naming an irrevocable beneficiary unless you are required to do so for some specific purpose. To make an irrevocable beneficiary designation, please write "Irrevocable" in the box next to Optional Designation on the beneficiary designation you wish to make irrevocable.

**Q: What happens if I don't name a valid beneficiary or if all of my beneficiaries precede me in death?**

A: Proceeds will be paid out according to the policy/contract provisions, or if not stated in the policy/contract, to the insured's estate.

**Q: In the future, how can I make changes to my beneficiary designations?**

A: A new form must be fully completed, signed, and dated to make any changes. You must restate all designations to ensure your intentions are clear and each beneficiary is named as you wish. Please contact us for a new beneficiary form.

**Q: What is a Disinterested Witness?**

A: If you are a resident of the state of Massachusetts, a person of age 18 or older and who is not named as owner, insured, or beneficiary, is required by law to witness the owner signing the form, then sign the form themselves.

**Q: How do I know you have recorded my beneficiary designation?**

A: A confirmation of your beneficiary will be mailed to you upon approval. When you receive this confirmation, please keep with your policy as record of receipt. Allow for sufficient processing and mail time to receive your confirmation.



# CHANGE OF BENEFICIARY

## Example Designations

These beneficiary designations are only suggestions. To determine the legal implications of these designations in your state, you may want to consult with your attorney.

**Person:** Choose one:  Primary  Contingent Percentage of Proceeds: 100 % Optional Designation:   
(Required) (See FAQ for info)

John A. Doe, Jr  
Full Name (First Name, M.I., Last, Suffix)

1201 Sycamore St  
Address

Sample City TX 80010  
City State Zip

Son  
Relationship

01-01-1970  
Date of Birth

876-987-5500  
Phone Number

Sample@domain.com  
Email Address

111-00-1234  
SSN\*

**Organization:** Choose one:  Primary  Contingent Percentage of Proceeds: 100 % Optional Designation:   
(Required) (See FAQ for info)

ABC Charity  
Full Name (of Organization)

1000 Oak St  
Address (of Organization)

Sample City MI 77110  
City State Zip

Sally Smith, Director  
Contact at Organization

N/A  
Date of Birth or Trust Date

919-333-2212  
Phone Number (of Organization)

72-1234567  
Tax ID (of Organization)

**Estate:** Choose one:  Primary  Contingent Percentage of Proceeds: 100 % Optional Designation:   
(Required) (See FAQ for info)

Estate of (Insured's Name)  
Full Name

1515 Rock Rd  
Address (of insured)

Sample City OH 93220  
City State Zip

N/A  
Relationship or Trustee Name or Contact at Organization

03/20/1970  
Date of Birth (of insured)

555-432-7171  
Phone Number (of insured)

111-00-1234  
SSN\* (of insured)

**Trust:** Choose one:  Primary  Contingent Percentage of Proceeds: 100 % Optional Designation:   
(Required) (See FAQ for info)

Doe Family Living Trust  
Name of Trust

196 Woodside Dr  
Address (of Trustee)

Sample City FL 67213  
City State Zip

Michael Edwards  
Trustee Name

07/15/2001  
Trust Date

240-256-1943  
Phone Number (of Trustee)

44-5678901  
SSN\* or Tax ID

**Per Stirpes:** Choose one:  Primary  Contingent Percentage of Proceeds: 100 % Optional Designation:  Per Stirpes  
(Required) (See FAQ for info)

Susan R. Stephens  
Full Name (First Name, M.I., Last, Suffix)

2595 Franklin St  
Address

Sample City KS 33410  
City State Zip

Sister  
Relationship

01-01-1970  
Date of Birth

561-312-7823  
Phone Number

123-45-6789  
SSN\*