



Colonial Penn Life Insurance Company - 399 Market Street - Philadelphia, PA 19181

Request For Change Of Beneficiary

Request is hereby made to change the beneficiary designation of the policy(ies) indicated below on the life of:

Name of Insured _____

Account/Policy # (s) _____

The beneficiary shall be changed as specified below (Please Print)

PRIMARY

BENEFICIARY

_____	_____	_____
Name	Relationship To Insured	Share %
_____	_____	_____
Name	Relationship To Insured	Share %
_____	_____	_____
Name	Relationship To Insured	Share %
_____	_____	_____
Name	Relationship To Insured	Share %

If more than one person is named as Primary Beneficiary, benefits will be paid in equal shares (if not designated) to those so named who survive the Insured, if any: OTHERWISE TO:

**CONTINGENT
BENEFICIARY**

(To be paid if none of the above beneficiaries survive the insured.)

_____	_____	_____
Name	Relationship To Insured	Share %
_____	_____	_____
Name	Relationship To Insured	Share %
_____	_____	_____
Name	Relationship To Insured	Share %
_____	_____	_____
Name	Relationship To Insured	Share %

If more than one person is named as Contingent Beneficiary, benefits will be paid in equal shares (if not designated) to those so named who survive the Insured.

If no beneficiary survives the Insured the proceeds shall be paid in accordance with the provisions of the Policy or, if provision is not made in the Policy, then to the Insured's Estate. Such payment shall be made in one sum, any installment payments being commuted.

As used herein "insured" shall include "Annuitant." In recording or approving this request the Company does not assume any responsibility for the validity or sufficiency of the change.

SIGNATURES

Owner/Assignee

Witness

Previous Beneficiary (if irrevocable)

Witness

Dated this _____ day of _____ 20_____

INSTRUCTIONS

1. In states having community property laws, consent of the wife or husband of the insured may be required before change of beneficiary can be completed.
2. Sign and mail the form to us at: Colonial Penn Life Insurance Company, Policy Holder Services Dept, PO Box 1918, Carmel, IN 46082. **[DO NOT SEND THE POLICY]**

