

BENEFICIARY CHANGE FORM

Mail completed form to:
Banner Life Insurance Company
1701 Research Boulevard
Rockville, Maryland 20850
1-800-638-8428



Insured: _____

Policy Number: _____

I. The proceeds of this life insurance policy will be paid to the beneficiary as shown below. The rights of the beneficiary will be subject to the rights of any assignee of record.

Please Note: Unless otherwise provided, if two or more beneficiaries are named in a class (Primary or Contingent) all members of the class who survive the insured will SHARE equally in any payment(s) due.

PRIMARY BENEFICIARY (If additional space is needed, please attach a separate page.)

Name (First, MI, Last)	Address (street, city, state, zip)	SSN	Relationship	Percent

I have more than 5 Primary Beneficiaries. Totals MUST add to 100% **100%**

CONTINGENT BENEFICIARY (If additional space is needed, please attach a separate page.)

(A contingent beneficiary is a person or persons named to receive the benefits only if the primary beneficiary dies before the insured.)

Name (First, MI, Last)	Address (street, city, state, zip)	SSN	Relationship	Percent

I have more than 5 Contingent Beneficiaries. Totals MUST add to 100% **100%**

All prior designations, if any, of beneficiaries and contingent beneficiaries are hereby revoked.

No proceedings in bankruptcy or insolvency, voluntary or involuntary, are pending against the undersigned, nor is the undersigned under guardianship or any other legal disability. This designation shall be invalid if the person making it does not have the right to change the beneficiary under the policy specified. Any payment made by Banner Life Insurance Company in good faith pursuant to the foregoing designation shall fully discharge Banner Life Insurance Company of its liability under the policy.

II. Required Signatures:

Policy Owner Name

Telephone Number

Address

Email Address

Address

Address

City State Zip

Signature of Policy Owner Date

For **Massachusetts** residents, state law requires that a disinterested adult who is not a party to the policy witness this request.

Signature of Witness (Massachusetts Only) Date

Additional Signature** (if necessary) Date

** AZ, CA, ID, LA, NV, NM, TX, WA, WI, and Puerto Rico are community property law states. These laws may apply depending on your current marital status, marital status at the time of policy issuance, state where your policy was issued, residence state at time of issuance, and residence state(s) since issuance. Consult with your legal or tax advisor to determine whether these laws apply to you and whether a spousal signature is required on this form. Banner Life Insurance Company disclaims any responsibility for determining the applicability of community property laws or the validity of the requested change.

III. To process your request without delay, please make sure the following have been completed:

- Did the Policy Owner(s) sign and date the form?
- Do the percentage totals equal 100%?
- Did you include the spousal signature if applicable?
- Did the witness sign and date the form and an additional signature if applicable?
- Did you enclose the title page and signature page of the trust if listed as a beneficiary?
- If you designated more than 5 primary or contingent beneficiaries, did you attach an additional page?