

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 |
|------------------------|------------------------------------|-----|--------------|---------|
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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 |
|------------------------|------------------------------------|-----|--------------|---------|
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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.

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

**The following states require a spousal signature if you are currently married or were married at the time of purchase: AZ, CA, ID, LA, NV, NM, TX, WA, WI and Puerto Rico. If the spouse is deceased, please enclose a copy of the death certificate. If divorced, please enclose a copy of the divorce decree.

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?