

**CHANGE OF  
BENEFICIARY FORM**

**CHANGE OF DESIGNATED BENEFICIARY – Cannot be requested if any contract benefits have been used OR if the new beneficiary is more than 3 years older than the current beneficiary. Please see Master Agreement for complete list of requirements.**

CONTRACT NUMBER: \_\_\_\_\_

PURCHASER'S NAME: \_\_\_\_\_

ORIGINAL BENEFICIARY: \_\_\_\_\_

PROJECTED COLLEGE ENROLLMENT YEAR: \_\_\_\_\_

**CHECK THIS BOX TO CERTIFY THAT THE NEW BENEFICIARY IS A FAMILY MEMBER, PER THE CRITERIA AS SPECIFIED IN THE MASTER AGREEMENT.**

**THE FOLLOWING INFORMATION IS REQUESTED FOR THE NEW BENEFICIARY:**

NEW BENEFICIARY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ SSN: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PROJECTED COLLEGE ENROLLMENT YEAR: \_\_\_\_\_ SEX:  MALE  FEMALE

**TO AUTHORIZE THIS CHANGE OF BENEFICIARY,  
PLEASE SIGN THIS COMPLETED FORM IN THE PRESENCE OF A NOTARY.**

\_\_\_\_\_  
Purchaser's Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me

this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_

by \_\_\_\_\_

**PLEASE SEND THE COMPLETED FORM (ORIGINAL) AND THE \$20.00 CHANGE OF BENEFICIARY FEE TO THE ADDRESS BELOW. CONFIRMATION WILL BE MAILED TO THE PURCHASER UPON COMPLETION OF THE CHANGE.**

