

*Policy administration services provided by American Amicable Life Insurance Company of Texas.*

## **BENEFICIARY CHANGE INSTRUCTIONS AND HELPFUL HINTS**

Please follow these instructions for completing the form:

1. Please use dark ink and print all information except signatures.
2. You must provide all information requested. Complete and accurate information will help expedite the beneficiary change request.
3. If there are multiple primary or contingent beneficiaries, they will share equally in the policy proceeds unless you indicate a percentage for each named beneficiary in the area indicated. Please note that the total of all percentages for each beneficiary category must equal 100%. Do not use dollar amounts.
4. If you use liquid paper or scratch out information, those changes must be initialed by the policy owner.
5. The current policy owner must complete and sign the bottom portion of the form. The witness to the policy owner's signature must be a non-relative and not named as the new beneficiary.
6. If additional room is needed, please use a separate sheet of paper. Each page must include: a) the policy number and name of the insured, b) the information requested on the form, c) signature of the Owner(s) with the date signed and d) the signature of a witness. If you wish, you can make copies of this form and number them.
7. If the new beneficiary is a trust, the trust name and date must be included as the name information in the appropriate box on the form.
8. If new beneficiary is **NOT** a family member, document must be notarized or it will not be processed.

### **HELPFUL HINTS FOR NAMING A BENEFICIARY**

A family member or members are the most common type of beneficiary designation. Designating a family member as beneficiary is usually not a problem as long as the person is not a minor.

*Example:* Jane Doe, spouse

*Example:* Jane Doe, spouse - 50%  
Fred Doe, son - 50%

Children should not be named as beneficiary unless there is a trustee named to handle the claim transaction. If there is no trustee, the insurance company must determine who has the legal authority to accept payment on behalf of the minor child or children which may delay payment of the proceeds.

*Example:* Jane and Fred Smith, children, with John Doe as trustee if said children are minors. If you decide to name your children, please include the name, address, social security # and date of birth for each child.

It is always a good idea to name a contingent beneficiary as the primary beneficiary may predecease the insured and if no contingent beneficiary is named, the proceeds would be paid in accordance with the policy provisions.

If a creditor is to be the beneficiary, the form should indicate the amount that is to go to the creditor.

*Example:* XYZ Bank as its interest may appear with the balance payable to Jane Doe, spouse.

If you name a funeral home as the primary beneficiary, please indicate "as their interest appears" and name a contingent beneficiary to receive any proceeds not paid to the funeral home.

If you have any questions regarding a beneficiary designation, please visit our website and chat with us online using the Live Chat tool available in your account portal or email us at [cx@susa-waco.com](mailto:cx@susa-waco.com).

### **BEFORE RETURNING THIS FORM, HAVE YOU:**

- Provided us with complete Policyowner information?
- Provided us with complete Primary beneficiary information?
- Provided us with complete Contingent beneficiary information if appropriate?
- Provided us with all appropriate signatures and dates?

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## BENEFICIARY CHANGE FORM

Please print or type all information

Name of Insured:

Policy or Group Certificate No.

First Name MI Last Name  
Name of Policyowner or Group Certificate Owner (if other than insured):

If a group policy, name of group:

First Name MI Last Name  
*The Company waives any policy provisions requiring endorsements of change on the policy.*

I, the owner of the above policy or certificate, revoke any prior beneficiary designations and designate:

**PRIMARY BENEFICIARY** (to receive proceeds payable on account of the insured's death)

First Name MI Last Name  
Relationship to Insured \_\_\_\_\_

First Name MI Last Name  
Relationship to Insured \_\_\_\_\_

Number & Street Address

Number & Street Address

City State Zip Code  
Tel: ( ) -  
Date of Birth / / % of Proceeds %  
Social Security No: - -

City State Zip Code  
Tel: ( ) -  
Date of Birth / / % of Proceeds %  
Social Security No: - -

Unless otherwise stated the share of any person who does not survive the insured will be divided equally among the other primary beneficiaries.

**CONTINGENT BENEFICIARY** (if all the primary beneficiaries die before the insured, the following shall receive the proceeds)

First Name MI Last Name  
Relationship to Insured \_\_\_\_\_

First Name MI Last Name  
Relationship to Insured \_\_\_\_\_

Number & Street Address

Number & Street Address

City State Zip Code  
Tel: ( ) -  
Date of Birth / / % of Proceeds %  
Social Security No: - -

City State Zip Code  
Tel: ( ) -  
Date of Birth / / % of Proceeds %  
Social Security No: - -

Policyowner Signature (with title if applicable)

Policyowner's Telephone Number

Date Signed (mm/dd/yyyy)

Co-owner Signature (with title if applicable) or Second Officer with title (if corporate-owned)

Date Signed (mm/dd/yyyy)

Witness Signature (cannot be a relative or designated Beneficiary)

Name of Witness (Please Print)

Date Signed (mm/dd/yyyy)

Have you...

- Provided us with complete Policyowner information?
- Provided us with complete Primary beneficiary information?
- Provided us with complete Contingent beneficiary information if appropriate?
- Provided us with all appropriate signatures and dates?

S.USA Life Insurance Company, Inc.  
P.O. BOX 2549 Waco, TX 76702  
1-800-746-1670 • www.susa-waco.com

**IF BENEFICIARY IS NOT A FAMILY MEMBER, THIS FORM MUST  
BE NOTARIZED OR IT WILL NOT BE PROCESSED.**

Notary Public