

SUBSTITUTION OF BENEFICIARY

CONTRACT NUMBER

PLEASE
SELECT ONE
OF THESE

1. Has the Contract matured? Yes No
If YES, what was the maturity date? _____
2. Has the Self-Determined option been selected for this Contract? Yes No

SUBSCRIBER(S) INFORMATION

Print Subscriber's Name

Print Joint Subscriber's Name

*Subscriber's Signature

*Joint Subscriber's Signature

ORIGINAL BENEFICIARY INFORMATION

« Nominee. Full Name »

Birth date: (mm/dd/yy) _____

NEW BENEFICIARY INFORMATION

A substitution of Beneficiary may be processed if the new Beneficiary is not older than the original Beneficiary, both are under the age of 22, and a Scholarship has not been released.

First Name

Last Name

Birth date: (mm/dd/yy) _____

****Please forward a copy of the new Beneficiary's birth certificate****

New Beneficiary's Full Address

City

Country

Please indicate the relationship of the new Beneficiary to the original Beneficiary. _____

Please complete this form. Once it has been received, it will be processed and a confirmation will be mailed to you.