

SUBSTITUTION OF BENEFICIARY FORM

This form is to be completed where you are requesting to substitute the beneficiary, and must be submitted with the following documents:

1. Current beneficiary's birth certificate or passport
2. New beneficiary's birth certificate or passport
3. Valid ID's and Proof of Address for Subscriber(s) if none is currently on file

AGREEMENT DETAILS

Plan Agreement Number:

Has the Contract matured? Yes No If YES, what was the maturity date?

Has the Self-Determined option been selected for this Contract? Yes No

ORIGINAL BENEFICIARY INFORMATION

Beneficiary's Full Name:

Date Of Birth (mm/dd/yyyy)

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/EAP has not been released.

New Beneficiary's Full Name:

Date Of Birth (mm/dd/yyyy)

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

SUBSCRIBER(S) INFORMATION

Subscriber's Name (please print):

Subscriber's Address:

Suite #:

City:

Parish/State:

Zip:

Country:

Mobile Phone:

Work Phone:

Email Address:

Joint Subscriber's Name (please print):

Joint Subscriber's Address:

Suite #:

City:

Parish/State:

Zip:

Country:

Mobile Phone:

Work Phone:

Email Address:

SUBSCRIBER'S SIGNATURES

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Subscriber's Signature

Joint Subscriber's Signature

Upon completion of this form, it must be signed by both subscribers if the plan is jointly held. Once the request has been approved and processed, you will receive confirmation by email.