

## 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.**