



Banner Life Insurance Company
 3275 Bennett Creek Avenue
 Frederick, Maryland 21704
 (800) 638-8428

BENEFICIARY CHANGE FORM
 (Please Print Clearly)

Insured: _____

Policy Number: _____

- The policy proceeds payable upon the death of the insured will be paid to the beneficiaries named herein. The rights of the beneficiary will be subject to the rights of any assignee on record. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries. All prior revocable designations of Primary and Contingent beneficiaries are hereby revoked.

Primary Beneficiary (If additional space is needed, please attach a separate page, signed and dated. SSN or Tax ID # and Date of Birth are REQUIRED.)

Name _____ SSN or Tax ID # _____

Address _____ Date of Birth _____

City, State _____ Zip _____ Telephone # _____

Relationship to Proposed Insured _____ % Share _____

Name _____ SSN or Tax ID # _____

Address _____ Date of Birth _____

City, State _____ Zip _____ Telephone # _____

Relationship to Proposed Insured _____ % Share _____

Name _____ SSN or Tax ID # _____

Address _____ Date of Birth _____

City, State _____ Zip _____ Telephone # _____

Relationship to Proposed Insured _____ % Share _____

Name _____ SSN or Tax ID # _____

Address _____ Date of Birth _____

City, State _____ Zip _____ Telephone # _____

Relationship to Proposed Insured _____ % Share _____

Name _____ SSN or Tax ID # _____

Address _____ Date of Birth _____

City, State _____ Zip _____ Telephone # _____

Relationship to Proposed Insured _____ % Share _____

Contingent Beneficiary (If additional space is needed, please attach a separate page, signed and dated. SSN or Tax ID # and Date of Birth are REQUIRED.) A Contingent Beneficiary will receive the benefits in the event no Primary Beneficiary is living or exists at the time of the insured's death.

Name _____ SSN or Tax ID # _____

Address _____ Date of Birth _____

City, State _____ Zip _____ Telephone # _____

Relationship to Proposed Insured _____ % Share _____

Name _____ SSN or Tax ID # _____

Address _____ Date of Birth _____

City, State _____ Zip _____ Telephone # _____

Relationship to Proposed Insured _____ % Share _____

Name _____ SSN or Tax ID # _____

Address _____ Date of Birth _____

City, State _____ Zip _____ Telephone # _____

Relationship to Proposed Insured _____ % Share _____

Name _____ SSN or Tax ID # _____

Address _____ Date of Birth _____

City, State _____ Zip _____ Telephone # _____

Relationship to Proposed Insured _____ % Share _____

2. No proceedings in bankruptcy or insolvency, voluntary or involuntary, are pending against the undersigned, nor is the undersigned under guardianship or any other legal disability. This designation shall be invalid if the person making it does not have the right to change the beneficiary under the policy specified. Any payment made by Banner Life Insurance Company in good faith pursuant to the foregoing designation shall fully discharge Banner Life Insurance Company of its liability under the policy.

Required Signatures:

Print Policy Owner Name

Telephone Number

Street Address

Email Address

City, State, Zip

Signature of Policy Owner / Title

Date

Additional Signature** (if necessary)

Date

For Massachusetts residents, state law requires that a disinterested adult who is not a party to the policy witness this request.

Signature of Witness (Massachusetts Only) Date

** AZ, CA, ID, LA, NV, NM, TX, WA, WI, and Puerto Rico are community property law states. These laws may apply depending on your current marital status, marital status at the time of policy issuance, state where your policy was issued, residence state at time of issuance, and residence state(s) since issuance. Consult with your legal or tax advisor to determine whether these laws apply to you and whether a spousal signature is required on this form. Banner Life Insurance Company disclaims any responsibility for determining the applicability of community property laws or the validity of the requested change.

3. To process your request without delay, please make sure the following have been completed:

- Did the Policy Owner(s) sign and date the form?
- Did you provide the SSN or Tax ID #, Telephone # and Date of Birth for all beneficiaries?
- Do the percentage totals equal 100%?
- Did you include the spousal signature if applicable?
- Did you include an additional signature if applicable?
- If you designated more than 5 Primary or Contingent Beneficiaries, did you attach an additional page signed and dated?
- Did you enclose the title and signature page of trust if listed as a beneficiary?

BENEFICIARY DESIGNATION INFORMATION

The beneficiary designation form is an IMPORTANT DOCUMENT concerning your life insurance coverage, please read the following carefully. If multiple Primary Beneficiaries or Contingent Beneficiaries are named and no percentage distribution is noted, then any proceeds payable to such beneficiaries will be split equally. Unless otherwise specified, if there is more than one Primary Beneficiary, and one predeceases the insured, benefits will be paid to the surviving Primary Beneficiaries according to their respective interests. If no Primary Beneficiaries survive the insured, benefits will be paid to the designated Contingent Beneficiaries. In the event that no Primary or Contingent Beneficiary survives the insured, benefits will be paid to any designated Tertiary Beneficiary, or if none, as specified according to the terms of the policy. Beneficiary designation changes may have legal or tax consequences, please consult your legal or tax advisor to discuss your individual needs. Once received, the beneficiary designation will replace **all** prior designations for the indicated policy.

Examples of Frequently Used Beneficiary Designations

Proposed Beneficiary	Suggested Wording
One beneficiary	Jane Jones Doe, wife.
All children (unnamed)	To all my lawful children, in equal shares with rights of survivorship. (unless specified proceeds will be paid to all surviving lawful children).
Minor children	John Smith, custodian for Mary Doe, a minor, under the Uniform Transfers to Minors Act (UTMA). [Benefits cannot be paid to minor children unless to a custodian under UTMA or a court appointed financial guardian or guardian of the minor's estate].
An existing trust	The John Doe Irrevocable Trust, dated 1/1/2001, Eric Smith trustee.
A trust under a last will and testament	Trustee under my last will and testament as shall be admitted to probate. [Should only be used if an appropriate trust has been set forth within the insured's will].
Estate	To my Estate.
Non-profit organization	Name and address of the beneficiary organization.
Children, per stirpes	To all my lawful children, per stirpes. (Surviving grandchildren of a pre-deceased child will equally share that child's portion; this option could also be used for named children).
Specified secondary beneficiary	Jane Jones Doe, wife, if predeceased then Mary Ann Doe, sister. (Used to designate a Secondary Beneficiary rather than distribute a predeceasing Primary Beneficiary's share to the remaining Primary Beneficiaries, please provide Date of Birth and SSN or Tax ID # for the Secondary Beneficiary in the Comments section).
Irrevocable beneficiary	Jane Jones Doe, wife, irrevocable beneficiary.

Contact Information

Legal & General America
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Frederick, Maryland 21704

1-800-638-8428 (telephone)
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customerservice@bannerlife.com
Faxed, email or mailed copies will be accepted.