

Life Insurance Beneficiary Amendment

Policy Number:

Policyholder Name:

Current Beneficiary Name(s):

New Beneficiary Name(s):

Relationship to Policyholder:

Effective Date of Amendment:

I, the undersigned policyholder, hereby request and authorize the amendment of the beneficiary designation for my life insurance policy as indicated above. I understand that this amendment supersedes any previous beneficiary designations.

Policyholder Signature: _____

Date: _____