



SBLI USA Life Insurance Company, Inc.

BENEFICIARY CHANGE FORM

Please print or type all information

Name of Insured:

Policy or Group Certificate No.

First Name _____ I. Last Name _____

Name of Policyowner or Group Certificate Owner (if other than Insured):

If a group policy, name of group:

First Name _____ I. Last Name _____

The Company waives any policy provisions requiring endorsements of change on the policy.

I, the owner of the above policy or certificate, revoke any prior beneficiary designations and designate:

PRIMARY BENEFICIARY (to receive proceeds payable on account of the insured's death):

First Name _____ I. Last Name _____
Relationship to Insured _____

First Name _____ I. Last Name _____
Relationship to Insured _____

Number & Street Address _____

Number & Street Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Tel: (____) ____-____

Tel: (____) ____-____

Date of Birth ____/____/____ % of Proceeds _____ %

Date of Birth ____/____/____ % of Proceeds _____ %

Social Security No.: ____-____-____

Social Security No.: ____-____-____

Unless otherwise stated the share of any person who does not survive the insured will be divided equally among the other primary beneficiaries.

CONTINGENT BENEFICIARY (if all the primary beneficiaries die before the insured, the following shall receive the proceeds):

NOTE: Contingent Beneficiary designation is not applicable to the Income Continuation Term Insurance

First Name _____ I. Last Name _____
Relationship to Insured _____

First Name _____ I. Last Name _____
Relationship to Insured _____

Number & Street Address _____

Number & Street Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Tel: (____) ____-____

Tel: (____) ____-____

Date of Birth ____/____/____ % of Proceeds _____ %

Date of Birth ____/____/____ % of Proceeds _____ %

Social Security No.: ____-____-____

Social Security No.: ____-____-____

Unless otherwise stated the share of any person who does not survive the insured will be divided equally among the other contingent beneficiaries.

* An additional sheet of paper may be attached, if necessary.

This designation is **REVOCABLE** unless specified otherwise here: _____

I certify that no restraint on my right to change beneficiaries exists.

Date ____/____/____ **Signature of Owner:** _____

Proof of signature is required (please attach a copy of government issued I.D. card, e.g. driver's license).

Number and Street Address _____

City _____

State _____

Zip Code _____

COMPANY ACKNOWLEDGEMENT: Received and Recorded

Tel: (____) ____-____

Consent: _____

Name _____

Date _____

[Signature of Irrevocable Beneficiary(ies), if Needed]

Please keep a copy of this document with your policy or group certificate.

SBLI USA Life Insurance Company, Inc.
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Important Beneficiary Terminology

Beneficiary: the recipient of life insurance proceeds payable on account of the insured's death.

Percentage (%) of Proceeds: the percentage (part of the whole) that you wish each beneficiary receive. The total shares must equal 100%.

Revocable: the policy owner can change who will receive the compensation from her policy or terminate the policy without consent from the beneficiary.

Irrevocable: the policy owner must have consent from the beneficiary to change who will receive the compensation from his policy or terminate the policy.

Primary Beneficiary:

This will be the recipient of the proceeds of your life insurance policy. You can have multiple primary beneficiaries. For instance, if you have 2 children and you want them to each have an equal share of your life insurance, you would list each as a primary beneficiary, with each designated to receive 50%.

Contingent Beneficiary:

This will be the recipient of proceeds, **only if the primary beneficiaries have passed away**. You may think of them as the "back-up" beneficiaries. If you designate one primary beneficiary and one contingent, and both are alive at the time of your passing, the primary will get everything and the contingent will get nothing.

Tips for naming a beneficiary

- **Children:** If you are naming your children you may qualify how the proceeds are distributed with either "*per stirpes*" or "*per capita*".
 - A designation of "*per stirpes*" means that if your children are named as beneficiaries and one of your children passes away before you do, that child's child(ren) will receive her share of the proceeds.
 - For example:
 - The insured, Tom, has 2 sons, John and Bill
 - John and Bill each have 2 children
 - John dies before Tom
 - John's children receive his share of the proceeds
 - A designation of "*per capita*" means that the living son, Bill, in the case above, would receive the full amount and John's family would receive none of the proceeds.
- **Minor Children:** Please call and speak to one of our representatives before naming a child as a beneficiary.
- **Trusts:** Please provide full name of trust: John Doe Trust dated May 1, 2012. We will require a copy of the first and last page of the trust agreement.
- **Estate of the insured/owner** – The executors of administrators of the insured, or the estate of the insured.