



CHANGE / DESIGNATION OF CONTINGENT BENEFICIARY

POLICY DESCRIPTION

Policy n° : _____ Life Insured : _____
Group n° : _____ Certificate n°: _____

CURRENT CONTINGENT BENEFICIARY(IES):

NEW CONTINGENT BENEFICIARY(IES)

1. Name : _____ % Date of Birth : ____ / ____ / ____

Relationship with Insured : _____

Complete Address : _____

2. Name : _____ % Date of Birth : ____ / ____ / ____

Relationship with Insured : _____

Complete Address : _____

3. Name : _____ % Date of Birth : ____ / ____ / ____

Relationship with Insured : _____

Complete Address : _____

I hereby revoke the current contingent beneficiary(ies) to whom I substitute the new contingent beneficiary(ies) as described above. **The contingent beneficiary designation is always revocable.**

____ / ____ / ____
DATE

X _____
WITNESS SIGNATURE (OTHER THAN BENEFICIARY)

X _____
OWNER SIGNATURE
(IF COMPANY, AUTHORIZED SIGNATORY)

FOR COMPANY USE ONLY

We acknowledge receipt of this contingent beneficiary change request. However, UL Mutual is not responsible for the validity of the changes made.

This _____ day of _____ 20____ Registered by _____

EQC075 (11-08)