



P.O. Box 2447
 Thomasville, GA 31799-2447
 877-777-8808
 www.SeniorLifeInsuranceCompany.com

POLICY AND BENEFICIARY CHANGE REQUEST FORM

POLICY INFORMATION			
Insured's Name		Policy Number	
Social Security Number	Phone Number	Email	
Address	City	State	Zip
Policyowner's Name		Relationship to Insured	
Social Security Number	Phone Number	Email	
Address	City	State	Zip
PRIMARY BENEFICIARY INFORMATION			
1. Beneficiary's Name		Date of Birth	Social Security Number
Relationship to Insured		Phone Number	Email
Address	City	State	Zip
2. Beneficiary's Name		Date of Birth	Social Security Number
Relationship to Insured		Phone Number	Email
Address	City	State	Zip
CONTINGENT BENEFICIARY INFORMATION			
1. Beneficiary's Name		Date of Birth	Social Security Number
Relationship to Insured		Phone Number	Email
Address	City	State	Zip
SIGNATURE			
I request this Beneficiary Designation replace all prior designations for the policy listed above.			
<div style="border-bottom: 1px solid black; width: 400px; margin: 0 auto;"></div> (Policyowner Signature)			NOTARY SEAL
Sworn and subscribed before me the day of			
Notary Public Signature		My commission expires	

ADDITIONAL PRIMARY BENEFICIARY INFORMATION			
3. Beneficiary's Name		Date of Birth	Social Security Number
Relationship to Insured		Phone Number	Email
Address	City	State	Zip
4. Beneficiary's Name		Date of Birth	Social Security Number
Relationship to Insured		Phone Number	Email
Address	City	State	Zip
5. Beneficiary's Name		Date of Birth	Social Security Number
Relationship to Insured		Phone Number	Email
Address	City	State	Zip
6. Beneficiary's Name		Date of Birth	Social Security Number
Relationship to Insured		Phone Number	Email
Address	City	State	Zip
7. Beneficiary's Name		Date of Birth	Social Security Number
Relationship to Insured		Phone Number	Email
Address	City	State	Zip
8. Beneficiary's Name		Date of Birth	Social Security Number
Relationship to Insured		Phone Number	Email
Address	City	State	Zip
ADDITIONAL CONTINGENT BENEFICIARY INFORMATION			
2. Beneficiary's Name		Date of Birth	Social Security Number
Relationship to Insured		Phone Number	Email
Address	City	State	Zip
3. Beneficiary's Name		Date of Birth	Social Security Number
Relationship to Insured		Phone Number	Email
Address	City	State	Zip
4. Beneficiary's Name		Date of Birth	Social Security Number
Relationship to Insured		Phone Number	Email
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CALIFORNIA FRAUD ENDORSEMENT

For your protection California law requires the following statement to appear on this form.

“Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”

The coverage under the Policy to which this Endorsement is attached remains the same.