

**SENIOR LIFE INSURANCE COMPANY**

**P.O. Box 2447 • Thomasville, GA 31799**

**1-877-777-8808**

**A Georgia Stock Company • Executive Offices: Thomasville, Georgia**

**POLICY AND BENEFICIARY CHANGE REQUEST FORM**

**POLICY INFORMATION**

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Insured Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
( )  
Phone

\_\_\_\_\_  
Policyowner Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
( )  
Phone

**POLICYOWNER CHANGE OF ADDRESS**

\_\_\_\_\_  
New Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**CHANGE OF BENEFICIARY DESIGNATION**

*Note: Only the Policyowner may request a change of Beneficiary(ies).  
This section must be signed by the Policyowner in the presence of a Notary Public.*

**PRIMARY BENEFICIARY**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Insured

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**CONTINGENT BENEFICIARY**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Insured

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**I request this Beneficiary Designation replace all prior designations for the policy listed above.**

\_\_\_\_\_  
Policyowner Signature

\_\_\_\_\_  
Date

Sworn and subscribed before me the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**NOTARY SEAL**

**NOTARY PUBLIC** \_\_\_\_\_

My commission expires \_\_\_\_\_

**FOR HOME OFFICE USE**

\_\_\_\_\_  
Date received

\_\_\_\_\_  
Processed by

\_\_\_\_\_  
Date completed

\_\_\_\_\_  
Confirmation sent to Policyowner by

\_\_\_\_\_  
Date