



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

**POLICY AND BENEFICIARY CHANGE REQUEST FORM**

<b>POLICY INFORMATION</b>			
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
<b>PRIMARY BENEFICIARY INFORMATION</b>			
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
<b>CONTINGENT BENEFICIARY INFORMATION</b>			
1. Beneficiary's Name	Date of Birth	Social Security Number	
Relationship to Insured	Phone Number	Email	
Address	City	State	Zip
<b>SIGNATURE</b>			
I request this Beneficiary Designation replace all prior designations for the policy listed above.			
_____ (Policyowner Signature)	<b>NOTARY SEAL</b>		
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	
Address	City	State	Zip