



Life Insurance Policy Beneficiary Change

Use this form for life insurance policies only

Policyowner(s) _____

Policy Number(s) _____

ELCO Mutual Life and Annuity will not accept per stirpes designations or dollar amounts. You may list "equal" in the share % section.

Primary Beneficiary Designation

BENEFICIARY(IES) FULL NAME	SHARE %	D.O.B.	SSN/TIN	RELATIONSHIP TO OWNER

Unless otherwise directed, proceeds will be paid in equal shares to any Primary Beneficiaries who survive the annuitant/owner. But if none survive, proceeds will be paid in equal shares to any Contingent Beneficiaries who survive the annuitant/owner. If the primary beneficiary is a trust, a copy of the certification of the trust must accompany this form for the change to be processed.

Additional Space/Notes _____

If you need additional space for beneficiary designations please use a separate sheet of paper, and make sure to sign and date the page.

Contingent Beneficiary Designation

BENEFICIARY(IES) FULL NAME	SHARE %	D.O.B.	SSN/TIN	RELATIONSHIP TO OWNER

Additional Space/Notes _____

 Owner's Signature Date

 Co-Owner/Spouse's Signature* Date

**If you reside in one of the following Community Property States of AZ, CA, ID, LA, NV, NM, TX, WA, or WI your spouse must also sign this form.
 If you reside in Alaska and you and your spouse have opted into Alaska's community property laws, then your spouse must sign this form.*

Address _____ City/State/Zip _____

Phone Number _____ Email _____

FOR USE BY ELCO MUTUAL LIFE & ANNUITY / ELCO MUTUAL LIFE & ANNUITY COMPANY (IN FLORIDA)

Acknowledgment of request for change - Please attach to contract

Dated at Lake Bluff, IL on _____ By _____