

Change of Beneficiary



4254 Saw Mill Run Blvd., Pittsburgh, PA 15227

Complete this form to change your beneficiary. See important information on the next page.

Insured Legal Name	Policy Number
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I hereby elect to change the beneficiary of this policy to the following. If you have more than six beneficiaries, complete another Change of Beneficiary form, sign, and date.

Beneficiary	<input checked="" type="checkbox"/> Primary	Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Business	Share	%
If Business/Trust, Name of Entity/Trust						Trust Date	
First Name			M.I.	Last Name			
Relationship			Date of Birth		Phone		SSN/Tax ID
Street Address			City		State		ZIP

Beneficiary	<input type="checkbox"/> Primary	Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Business	Share	%
If Business/Trust, Name of Entity/Trust						Trust Date	
First Name			M.I.	Last Name			
Relationship			Date of Birth		Phone		SSN/Tax ID
Street Address			City		State		ZIP

Beneficiary	<input type="checkbox"/> Primary	Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Business	Share	%
If Business/Trust, Name of Entity/Trust						Trust Date	
First Name			M.I.	Last Name			
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Beneficiary	<input type="checkbox"/> Primary	Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Business	Share	%
If Business/Trust, Name of Entity/Trust						Trust Date	
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Beneficiary	<input type="checkbox"/> Primary	Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Business	Share	%
If Business/Trust, Name of Entity/Trust						Trust Date	
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Beneficiary	<input type="checkbox"/> Primary	Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Business	Share	%
If Business/Trust, Name of Entity/Trust						Trust Date	
First Name			M.I.	Last Name			
Relationship			Date of Birth		Phone		SSN/Tax ID
Street Address			City		State		ZIP

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Phone: 412-668-3239 | 888-985-0828 | service@gbu.org | gbu.org

Insured Legal Name _____	Policy Number _____
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By this election I revoke all other and former designations and reserve the right to make other and further changes of beneficiary at any time I may elect. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application of files a claim containing a false or deceptive statement is guilty of insurance fraud.

Owner Printed Legal Name _____	Phone _____		
Street Address _____	City _____	State _____	ZIP _____
Owner Signature _____	Date _____		

Witness Information (only residents of MA)

If you live in MA, a witness must sign below. The witness must be at least 18 years of age and must not be a beneficiary.

Witness Printed Legal Name _____	Date _____
Witness Signature _____	

Community Property State Consent (only residents of AZ, CA, ID, LA, NV, NM, TX, WA, or WI)

If you are married, live in a community property state, and name someone other than your spouse as beneficiary, your spouse may sign below to waive his/her rights to any community property interest in the benefit.

I, *(spouse printed legal name)* _____, am aware that the owner has named someone other than me to be the beneficiary of this policy and hereby consent to the beneficiary designation(s) indicated on this form and waive any rights that I may have to proceeds under applicable community property laws.

GBU Life disclaims any responsibility for determining the applicability of community property laws or the validity of the requested Beneficiary change.

Signature of Spouse _____	Date _____
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See below for important information:

- Primary Beneficiary(ies) – To receive proceeds if living at the time of insured’s death.
- Contingent Beneficiary(ies) – To receive proceeds if living at the time of insured’s death and all primary beneficiaries are not living.
- The information you provide on the Beneficiary Designation form supersedes all previous beneficiary(s) designations.
- You must specify ALL Primary and Contingent beneficiaries on this form even if you are only changing one.
- A separate form is required for each policy, unless all beneficiaries are the same for all policies.
- All changes are effective the date they are received and accepted by the GBU Financial Life (GBU Life) Home Office. We reserve the right to declare this form void and of no effect if it is incomplete in an unsatisfactory manner.
- Share % must total 100%. If no share % is specified, payments will be made in EQUAL shares.
- The witness must not be a beneficiary.

For a Trust Beneficiary, please provide the following:

- Full Legal Name of the Trust
- Trustee Name (Complete First & Last name)
- Complete Address
- Copy of the Trust’s Title Page, trustee and successor trustee designation page, and the signature page
- Tax Identification Number (TIN) of Trust

We recommend that you consult with your advisor regarding legal, tax and estate planning implications of your beneficiary designation(s).

FOR HOME OFFICE USE ONLY.

Acknowledged and recorded on _____	by _____	
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