

REQUEST FOR CHANGE OF NAMED BENEFICIARY LIFE POLICY

IMPORTANT: Complete and return this Request to the Company. This Request affects only the Named Beneficiary of the Life Insurance Policy indicated below and does not affect any beneficiary designations on any other policies you may own. This request will not be effective if it is received by the Company after the death of the Insured.

Full Name of Insured MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/>	Policy Number
<hr/> First Middle Last	
Owner (If other than Insured) MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/>	Form Number
<hr/> First Middle Initial Last	

I hereby request Combined Insurance Company of America to pay the death benefit of the Life Insurance Policy indicated above to the Named Beneficiary indicated below. I hereby revoke all Prior Named Beneficiary designations.

Primary Beneficiary MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/>	Relationship to Insured
<hr/> First Middle Initial Last	
Primary Beneficiary MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/>	Relationship to Insured
<hr/> First Middle Initial Last	

If the primary beneficiary dies before the Insured, or if no primary beneficiary is named, the contingent beneficiary will receive the proceeds. If both the primary and contingent beneficiaries die before the Insured or if no beneficiaries are named, the Owner will receive the proceeds. If the Owner does not survive the Insured, the proceeds will be paid to the Insured's estate. For purposes of this section a person survives the Insured only if he or she is living on the 9th day after the Insured's death.

If more than 2 beneficiaries, please indicate on separate page.

Contingent Beneficiary MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/>	Relationship to Insured
<hr/> First Middle Initial Last	

Dated at _____ this _____ day of _____ 20____

Signature of Witness _____ <small style="text-align: center;">print & sign name</small>
Signature of Owner _____
Signature of Irrevocable Beneficiary (If Applicable) _____

FOR HEAD OFFICE USE ONLY
The Foregoing Request was Received on: _____ By: _____

Combined Insurance Company of America / Compagnie d'assurance Combined d'Amérique
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www.combined.ca
 Combined Insurance, A Chubb Company / Combined Assurances, une compagnie de Chubb