CHUBB® Benefits

CHANGE OF BENEFICIARY FORM

In order to change your beneficiary, please provide the information requested below. Sign, date and return the form in the envelope provided. The beneficiary change requested only affects the insurance policy indicated below and no other policies you may own. We will send you a letter confirming the changes have been made to your policy.

BOX A
POLICY NUMBER: _____

BOX B FIRST MIDDLE LAST

FULL NAME OF INSURED: _____
☐MR ☐MRS ☐ MS ☐ MISS

FIRST MIDDLE LAST

FULL NAME OF OWNER (IF NOT INSURED):_____
☐MR ☐MRS ☐ MS ☐ MISS

PLEASE READ THE FOLLOWING PARAGRAPH VERY CAREFULLY:
In accordance with the Beneficiary provisions of the policy: I hereby request Combined Insurance Company of America to pay the Death Benefit of the Insurance Policy indicated above to the named Beneficiaries below. I hereby revoke all prior named Beneficiary Designations.

BOX C

1st NAMED BENEFICIARY (FULL NAME)	**RELATIONSHIP TO INSURED**	**DATE OF BIRTH**
_____	_____	_____
ADDRESS (STREET/PO BOX / CITY / STATE / ZIP)	**PRIMARY PHONE #** ☐LANDLINE ☐ MOBILE	**SOCIAL SECURITY #**
_____	_____	_____

If you name multiple beneficiaries *and do not check one of the options below,* the beneficiaries will share the Death Benefit equally.

BOX D

2nd NAMED BENEFICIARY (FULL NAME) (CHECK ONE: ☐ Contingent or ☐ Share Equally)	**RELATIONSHIP TO INSURED**	**DATE OF BIRTH**
_____	_____	_____
ADDRESS (STREET/PO BOX / CITY / STATE / ZIP)	**PRIMARY PHONE #** ☐ LANDLINE ☐ MOBILE	**SOCIAL SECURITY #**
_____	_____	_____

SIGNATURE OF POLICYOWNER: _____ DATE: _____
In accordance with the beneficiary provisions of the policy, I hereby request Combined Insurance Company of America to pay the death benefit of the insurance policy above according to the beneficiary designations indicated and hereby revoke all prior named beneficiary designations.

***SIGNATURE OF POLICYOWNER'S SPOUSE: _____ DATE: _____**
***Special Notice regarding Community Property:** Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, Wisconsin are community property states and Puerto Rico a community property territory. These laws may apply to this change request depending on your current marital status, marital status at the time of policy issuance, state where your policy was issued, residence state at time of issuance, and resident state(s) since issuance. Consult with you legal/tax advisor to determine if these laws apply to you and/or if you require a spousal signature on this form. **Combined Insurance disclaims any responsibility for determining the applicability of community property laws or the validity of the requested change.**
****SIGNATURE OF WITNESS (MA)_____ DATE: _____**
****Special Notice regarding residents of Massachusetts:** State law requires that a disinterested adult who is not a party to the policy witness this request. If you reside in that state, this portion must be completed in order for this form to be accepted.