

# SENTINEL SECURITY LIFE INSURANCE COMPANY

Salt Lake City, Utah 84115

## CHANGE OF BENEFICIARY

### INSTRUCTIONS

1. We recommended that you name only one Primary and one Contingent Beneficiary
2. Include the Address, Date of Birth and Relationship of both the Primary and Contingent Beneficiary
3. Company policy requires the naming of a Contingent Beneficiary when a Funeral Home is named as the Primary Beneficiary
4. It is for YOUR protection that we require a Witness to your signature.
5. We **STRONGLY** discourage the naming of minor children as Primary Beneficiary. Death proceeds cannot be paid to minor children. A Trust or Guardianship must be established for a minor to receive the claim proceeds.
6. A copy of the court appointed or guardianship documents must accompany this form when an individual is signing as Power of Attorney for the policy owner.
7. When naming a Trust as Primary Beneficiary: A copy of the trust stating the trust name, date executed and signed must accompany this form.

Policy No \_\_\_\_\_

Insured \_\_\_\_\_

Owner \_\_\_\_\_

(If other than Insured)

I hereby **Revoke** the existing beneficiary designation for the above referenced policy and request it be changed as follows:

**CHECK BOX TO REQUEST 'IRREVOCABLE' PRIMARY BENEFICIARY**

### FIRST BENEFICIARY

The person(s) named in this section that survive the insured will receive the proceeds of the policy.

Full Name: \_\_\_\_\_

RELATIONSHIP AND DATE OF BIRTH IS REQUIRED IF OTHER THAN A FUNERAL HOME

Address: \_\_\_\_\_

### CONTINGENT BENEFICIARY

The person(s) named in this section will receive the proceeds of the policy only if no Primary Beneficiary survives the insured.

Full Name: \_\_\_\_\_

RELATIONSHIP AND DATE OF BIRTH IS REQUIRED IF OTHER THAN A FUNERAL HOME

Address: \_\_\_\_\_

If more than one **Primary Beneficiary** is named, it is understood that the proceeds will be shared equally by the survivor(s). This condition will also apply to **Contingent Beneficiaries**.

I agree that the Company may waive any policy provision requiring presentation of the policy for edorsement, but may require such presentation if desired.

\_\_\_\_\_  
Witness (Someone other than a family member)

\_\_\_\_\_  
Signature of Owner  
**MUST BE WITNESSED**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner's Spouse  
(If resident of community property state.)

\_\_\_\_\_  
Mailing Address

FOR HOME OFFICE USE ONLY  
ACKNOWLEDGEMENT OF REQUEST FOR CHANGE  
PLEASE ATTACH TO POLICY

Dated at Salt Lake City, Utah \_\_\_\_\_ By \_\_\_\_\_