

Instructions for Beneficiary Change Form

If you are naming a Trust as the beneficiary, please provide a complete copy of the Trust document. Once the completed form is received, we will process your request. If a corporation owns your policy we require the signatures of two officers in order to comply with your request to change the beneficiary.

If you live in a community property state (AZ, CA, GU, ID, LA, NV, NM, TX, WA and WI), **and you are naming someone other than your spouse as beneficiary, your spouse must sign the form and have his or her signature notarized agreeing to the new designation.** If you are divorced, and your property settlement agreement addresses mandated beneficiary designations or incidents of ownership of this policy, we require a copy of the divorce decree or property settlement that shows to whom the policy was awarded.

Once the completed form is received, we will process your request and send an acknowledgement of the change.

We cannot accept faxed forms.



ADMINISTRATIVE OFFICE
PO BOX 11864
WINSTON SALEM NC 27116

OFFICE: 1-833-508-0404 (TOLL-FREE)
FAX: 1-336-759-3141

BENEFICIARY CHANGE FORM

Policy No.:	Insured:	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
		<input type="checkbox"/> Married	<input type="checkbox"/> Widow/Widower
Telephone:	Address (City, State, Zip Code)	Owner's Social Security/Tax ID No.:	

Instructions:

Please type or print clearly in ink all applicable sections. You must sign, date and return the form to us for the change(s) to be valid. If the beneficiary is to be a Trust, copies of the Title and Signature pages, or Certification of Trust, must accompany this request. Once this change has been recorded at the Home Office, a recorded copy will be returned to you to attach securely to your policy.

The undersigned hereby revokes all previous designations of beneficiaries under the above-numbered policy and designates the following beneficiary(s) in accordance with the "Beneficiary" provisions of the policy.

PRIMARY DESIGNATIONS

Primary- Name	Address/ Telephone	SS/Tax ID No.	Date of Birth	Relationship	% of Benefit

Total % of Benefits should equal 100%. If no percentages are designated, distribution will be in equal shares.

CONTINGENT DESIGNATIONS (Optional)

Contingent- Name	Address/ Telephone	SS/Tax ID No.	Date of Birth	Relationship	% of Benefit

Total % of Benefits should equal 100%. If no percentages are designated, distribution will be in equal shares.

Signed at: (City, County, State) _____

Owner Signature: _____ Date: _____

Signature of Witness: _____ Date: _____
(Must be an Unrelated Adult Person with no Interest in the Policy)

Witness's Printed Name: _____

IMPORTANT: DO NOT USE CORRECTION FLUID ON THIS FORM. IF YOU HAVE MADE AN ERROR, MARK THROUGH IT AND INITIAL YOUR CHANGE. DO NOT MAIL THE POLICY

ATTENTION: If you live in a community property state, and you have designated someone other than your spouse as beneficiary, state law requires that your spouse consent to such designation. If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s) may not be effective.

I, _____ do hereby consent to the foregoing beneficiary designation(s)
(Spouse)

Signature of Spouse: _____ Date _____

State of _____ County of _____

Acknowledged before me this ___ day of _____, 20____, by _____

Such person is known to me or has produced _____ as identification.

Notary Signature: _____

Notary Printed Name: _____

Notary Public Commission No. _____

Serial Number, if any: _____

Seal

Home Office Use:

Date Recorded _____

Authorized Signature _____

STATE MUTUAL INSURANCE COMPANY
PO BOX 11864
WINSTON SALEM, NORTH CAROLINA 27116
OFFICE: 1-833-508-0404
FAX: 1-336-759-3141

ACKNOWLEDGEMENT

Policy Number: _____ Insured: _____

I have an interest in the policy numbered above as indicated below:

Please check one:

- Irrevocable beneficiary
- Assignee under an assignment
- Spouse living in a community property state (AZ, CA, GU, ID, LA, NV, NM, TX, WA, WI)

Hereby acknowledge the owner of the above referenced policy has made:

- A request for **Partial Withdrawal** from an annuity reducing the value of the annuity.
- A request for withdrawal of dividends.
- A request for **Partial Surrender** of a Universal Life policy; reducing the face amount of the policy
- A request for **Reduced Paid Up Insurance** – the face amount is reduced to the amount that can be bought by the Net Single Premium equal to Net Cash Value of the policy.
- A request for **Policy Loan** – if not repaid, the face amount is reduced by the outstanding loan when a claim is made.
- A request for **Cash Surrender** – the policy has no further value and does not provide a death benefit.
- A request for **Change of Beneficiary** – the beneficiary previously named is being changed.
- A request for **Change of Owner** – the owner previously named is being changed.
- A request to **Add a Contingent Owner** other than the current spouse.
- A request for **Assignment** – the entire policy or a portion thereof, is being given to another.
- A request for **Accelerated Death Benefit** – the face amount is reduced by the amount of the benefit. As one of the persons checked above, you will receive a disclosure of the final cash value, loan value and face amount once the Accelerated Benefit has been paid.
- A request for **Reduction in Death Benefit**.

By signing this Acknowledgement, I agree that the policyowner may make, and the Company may act on, the above request.

Signature of Person with Interest as indicated above

Date

Printed Name of Person with interest as indicated above

Acknowledged before me this _____ day of _____, 20_____

by _____.

Such person is known to me or has produced _____ as identification.

Notary Signature _____

(Seal)

Notary Printed Name _____

Notary Public Commission No. _____

Once completed, return the form to the address at the top of this document.