

Before completing this form, please know:

- This form is used to establish and change the beneficiary designation of a life insurance policy or annuity contract.
- Refer to your policy/contract to determine when death benefits are payable.
- Questions concerning the legal and/or tax effects of this beneficiary designation should be referred to your attorney and/or tax professional.
- Insurance regulations require insurance companies to request supplemental beneficiary information. Please complete all information requested in Section 3 of this form.
- The change requested will be effective from the signature date.

Section 1: Policy InformationPolicy number
_____**Insured** - First name
_____Middle name
_____Last name

Section 2: Ownership Information **Individual** (or individuals, if the policy is co-owned)Owner - First name
_____Middle name
_____Last name
_____Social Security number
_____Phone number
_____Email address
_____Co-Owner - First name
_____Middle name
_____Last name
_____Social Security number
_____Phone number
_____Email address
_____ **Trust, Charity, or Business Entity:**Print full name of Trust/Charity/Business entity
_____Date of Trust (mm/dd/yyyy)
_____Tax ID number of Trust/Charity/Business
_____Contact person - First name
_____Middle name
_____Last name
_____Phone number
_____Email address

Section 3: Beneficiary Designation**Instructions:**

If an attachment is required to complete the beneficiary designation, make sure the attachment contains the policy/contract number, signature date and all appropriate signatures.

- If percentages are used, make sure the percentages equal 100% for both primary and secondary beneficiaries.
- If a Testamentary Trust is designated, please provide the article and paragraph number from the Will in the designation. The execution of the designation requires that your Will be admitted to probate and the Trustee(s) make claim for the proceeds accompanied by due proof of the trustee(s)' appointment. In the event there are multiple testamentary trusts and the trust is not clearly identified, settlement may be delayed because a court order may be required at time of settlement.
- Unless specifically noted on this form, all designations will be considered to be equally and with rights of survivorship.
- **All beneficiary designations are subject to the approval of the corporate office.**

Rights of Survivorship – the beneficiaries will receive equal shares of the proceeds; however, if the person has died before the insured, the share which the person would have received if he or she survived the insured will be paid equally among the surviving beneficiaries.

Rights of Survivorship Per Stirpes – the beneficiaries will receive equal shares of the proceeds; however, if the person has died before the insured, the share which the person would have received if he or she survived the insured will be paid to his or her legally born to, or legally adopted by, children of that deceased person, per stirpes.

Select One: Primary Contingent

Select One: Rights of Survivorship Rights of Survivorship Per Stirpes

Beneficiary Name (Provide full name of Person, Trust, or Organization designated as beneficiary)		Trust Date if Trust named (mm/dd/yyyy)
Relationship (Identify the relationship between the beneficiary and the insured)		Percentage
Address		
Date of Birth (mm/dd/yyyy)	Social Security/Tax ID Number	Telephone Number

Select One: Primary Contingent

Select One: Rights of Survivorship Rights of Survivorship Per Stirpes

Beneficiary Name (Provide full name of Person, Trust, or Organization designated as beneficiary)		Trust Date if Trust named (mm/dd/yyyy)
Relationship (Identify the relationship between the beneficiary and the insured)		Percentage
Address		
Date of Birth (mm/dd/yyyy)	Social Security/Tax ID Number	Telephone Number

Select One: Primary Contingent

Select One: Rights of Survivorship Rights of Survivorship Per Stirpes

Beneficiary Name (Provide full name of Person, Trust, or Organization designated as beneficiary)		Trust Date if Trust named (mm/dd/yyyy)
Relationship (Identify the relationship between the beneficiary and the insured)		Percentage
Address		
Date of Birth (mm/dd/yyyy)	Social Security/Tax ID Number	Telephone Number

Select One: Primary Contingent

Select One: Rights of Survivorship Rights of Survivorship Per Stirpes

Beneficiary Name (Provide full name of Person, Trust, or Organization designated as beneficiary)		Trust Date if Trust named (mm/dd/yyyy)
Relationship (Identify the relationship between the beneficiary and the insured)		Percentage
Address		
Date of Birth (mm/dd/yyyy)	Social Security/Tax ID Number	Telephone Number

Beneficiary Designation continued next page...

Select One: Primary Contingent

Select One: Rights of Survivorship Rights of Survivorship Per Stirpes

Beneficiary Name (Provide full name of Person, Trust, or Organization designated as beneficiary)		Trust Date if Trust named (mm/dd/yyyy)
Relationship (Identify the relationship between the beneficiary and the insured)		Percentage
Address		
Date of Birth (mm/dd/yyyy)	Social Security/Tax ID Number	Telephone Number

Other Text. Use this option only when more space is needed or for special instructions.

Section 4: Marital Status and Consent of Spouse

Owner Marital Status (Select One)

Single Married (See Consent of Spouse) Widowed Divorced

Consent of spouse must be signed if the following conditions are present:

Community property state: You live in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin), your spouse is living, and you are NOT designating your spouse as the sole primary beneficiary.

Signature of Spouse	Date (mm/dd/yyyy)	
X		
Print - First name	Middle name	Last name

Section 5: Disclosures and Signatures

Change of Beneficiary

The undersigned hereby revokes any and all prior beneficiary designations and/or elections by the Owner(s) of a method of settlement for the beneficiary of the proceeds upon the death. The proceeds of this Policy shall be payable in shares to such of the designated primary beneficiaries who survive the Insured. If there are no living primary beneficiaries, the proceeds of this Policy shall be payable in equal shares to such of the designated contingent beneficiaries who survive the Insured.

If any beneficiaries designated above are unmade members of a class, then an affidavit signed by a surviving member of such class shall be sufficient proof to the Company that the persons or person named are the sole surviving members of such class. An affidavit signed by the beneficiary next entitled to receive benefit, stating that there are no surviving members of such class, shall be sufficient proof to the Company that there are no surviving members of such class. Payment by the Company based upon such affidavit shall be sufficient acquittance hereunder.

Right of Revocation Reserved. Unless otherwise provided above or by law, the right to revoke this instrument and to change the designated beneficiaries upon written notice to, and acceptance by, the Company is reserved to the Owner without the consent of the revocable beneficiaries. The Policy is not now assigned except to any assignee of record with the Company.

Spendthrift Clause. Except as otherwise specifically provided herein, no beneficiary entitled to any payment hereunder shall have the right to withdraw, surrender or cash, borrow against, commute, anticipate, encumber, alienate, or assign such payment, or any part thereof, or any interest therein, nor shall such payment, or any part thereof, or any interest herein be in any way subject to such person's debts, contracts, or engagements, nor to any judicial process to levy upon or attach the same payment thereof. No provision of this contract or beneficiary designation shall be construed to prevent the owner or the beneficiary from assigning its interest in this contract to a nursing home or a government agency to qualify for government assistance programs. This clause shall be effect to the extent permitted by law.

Right to Change Beneficiary(ies). The undersigned certifies, under penalty of perjury, that he/she has the right to make this beneficiary change without the authorization, approval or permission of any court, person, firm or corporation.

Signature Requirements

Owner type	Signature requirement
Individual acting on behalf of the Owner	The full name of the Owner's fiduciary or Agent and the legal documentation of the authority to act (e.g. <i>power of attorney, guardianship papers, etc.</i>).
Trust	Signatures, followed by the word "Trustee", of all required Trustees.
Partnership	The full name of the firm should be printed with the signature of all general partners (not limited partners). Partnership Resolution or Partnership Records is required.
Sole Proprietorship	The full name of the business should be printed with the signature of the Owner followed by the word "Owner".
Corporation/Charity	The signature and title of one officer (other than the insured). Most common authorized officers include: Chief Financial Officer, President, Vice President, Treasurer, Corporate Secretary, Principal (LLC), Managing Member (LLC), or Loan Officer (on behalf of collateral assignee). Corporate Seal, Board Resolution or Certification of Corporate Records is required.

I declare under penalty of perjury under the laws of the State/Territory of _____ and the laws of the United States of America that the foregoing is true and correct. State

Executed this _____ day of _____, 20____ at _____, _____.

Day Month Year City State

Signature of Owner X _____	Date (mm/dd/yyyy)	
Title (if acting in a representative capacity)		
Print - First name _____	Middle name _____	Last name _____
Signature of Co-Owner X _____	Date (mm/dd/yyyy)	
Title (if acting in a representative capacity)		
Print - First name _____	Middle name _____	Last name _____

How to submit this form

Mail:

Pacific Guardian Life
Attn: Client Relations Department
1440 Kapiolani Blvd., Suite 1700
Honolulu, HI 96814

Email:

clientrelations@pacificguardian.com

Fax:

808.942.1253 (Oahu)
800.946.1295 (Neighbor Islands/Mainland/U.S. Island Territories)

Pacific Guardian Life is here to help

You can reach us at 1.800.432.3306. Monday – Friday 8:00 a.m. to 5:00 p.m., Hawaii Standard time.