

REQUEST TO CHANGE BENEFICIARY

**Mail, Email or Fax completed form to:**

Pacific Guardian Life Insurance Company
1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814
Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

Contact us:

Policyholder Service: (800) 367-5354
ClientRelations@pacificguardian.com

OWNER	
Policy Number	Name (First, Middle, Last)
Phone Number	Address (City, State, Zip Code) - No PO Boxes allowed

Allocations need not be equal. Allocations for primary beneficiaries must equal 100%. Allocations for contingent beneficiaries must equal 100%. If additional space is needed, please attach Supplemental Beneficiary form.

PRIMARY BENEFICIARY 1		
Name (First, Middle, Last)		Percentage %
Address		City
State	Zip Code	Phone Number
Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship to Owner

PRIMARY BENEFICIARY 2		
Name (First, Middle, Last)		Percentage %
Address		City
State	Zip Code	Phone Number
Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship to Owner

PRIMARY BENEFICIARY 3		
Name (First, Middle, Last)		Percentage %
Address		City
State	Zip Code	Phone Number
Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship to Owner

CONTINGENT BENEFICIARY 1		
Name (First, Middle, Last)		Percentage %
Address		City
State	Zip Code	Phone Number
Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship to Owner

CONTINGENT BENEFICIARY 2

Name (First, Middle, Last)		Percentage %
Address		City
State	Zip Code	Phone Number
Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship to Owner

CONTINGENT BENEFICIARY 3

Name (First, Middle, Last)		Percentage %
Address		City
State	Zip Code	Phone Number
Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship to Owner

CONFIRMATION

By signing below:

- I acknowledge this request is subject to the provisions and conditions of my policy and Pacific Guardian Life may request additional information in order to process my request and for any beneficiary change to be effective.
- I understand by submitting this document in good order, I revoke any existing beneficiary designations and request Pacific Guardian Life change the beneficiary for the listed policy as I have indicated above.

Owner(s) and/or Assignee(s) Signature(s) (required)	Date (mm/dd/yyyy)
All Irrevocable Beneficiaries (if applicable)	Date (mm/dd/yyyy)
Other Required Signatures (if any)	Date (mm/dd/yyyy)

MARITAL STATUS and CONSENT OF SPOUSE

Owner Marital Status (Select One)

Single Married Widowed Divorced

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

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

Name of Spouse (First, Middle, Last)	
Signature of Spouse	Date (mm/dd/yyyy)