



# PACIFIC GUARDIAN LIFE

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## Beneficiary Change Request Form

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.
- By completing, signing and submitting this form you are revoking and changing any and all previous beneficiary designations.
- 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 Information

Policy 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 ( Mobile)

Email address

Co-Owner - First name

Middle name

Last name

Social Security number

Phone number ( Mobile)

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 ( Mobile)

Email address

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**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.

- **Make sure the percentages total 100% for primary and 100% for contingent 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 owner, the share which the person would have received if he or she survived the owner 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 owner, the share which the person would have received if he or she survived the owner will be paid to his or her legally born to, or legally adopted by, children of that deceased person, per stirpes.

**Select One (Required):**  Primary  Contingent (proceeds are paid to contingent if primary beneficiary(ies) is deceased)

**Select One:**  Rights of Survivorship  Rights of Survivorship Per Stirpes

<b>Beneficiary Name</b> (Provide full name of Person, Trust, or Organization designated as beneficiary)		<b>Trust Date</b> if Trust named (mm/dd/yyyy)
<b>Relationship</b> (Relationship between the beneficiary and Insured)	<b>Social Security/Tax ID No.</b>	<b>Percentage (required)</b>
<b>Address</b>		
<b>Date of Birth</b> (mm/dd/yyyy)	<b>Email address</b>	<b>Phone number</b> ( <input type="checkbox"/> Mobile)

**Select One (Required):**  Primary  Contingent (proceeds are paid to contingent if primary beneficiary(ies) is deceased)

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<b>Address</b>		
<b>Date of Birth</b> (mm/dd/yyyy)	<b>Email address</b>	<b>Phone number</b> ( <input type="checkbox"/> Mobile)

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<b>Date of Birth</b> (mm/dd/yyyy)	<b>Email address</b>	<b>Phone number</b> ( <input type="checkbox"/> <b>Mobile</b> )

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<b>Address</b>		
<b>Date of Birth</b> (mm/dd/yyyy)	<b>Email address</b>	<b>Phone number</b> ( <input type="checkbox"/> <b>Mobile</b> )

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<b>Address</b>		
<b>Date of Birth</b> (mm/dd/yyyy)	<b>Email address</b>	<b>Phone number</b> ( <input type="checkbox"/> <b>Mobile</b> )

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Relationship (Relationship between the beneficiary and Insured)	Social Security/Tax ID No.	Percentage (required)
Address		
Date of Birth (mm/dd/yyyy)	Email address	Phone number ( <input type="checkbox"/> Mobile)

Select One (Required):  Primary  Contingent (proceeds are paid to contingent if primary beneficiary(ies) is deceased)

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Beneficiary Name (Provide full name of Person, Trust, or Organization designated as beneficiary)		Trust Date if Trust named (mm/dd/yyyy)
Relationship (Relationship between the beneficiary and Insured)	Social Security/Tax ID No.	Percentage (required)
Address		
Date of Birth (mm/dd/yyyy)	Email address	Phone number ( <input type="checkbox"/> Mobile)

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

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#### Section 4: Minor Beneficiaries

**Important:** If a Custodian is not named by the time a claim for benefits is made, a petition will need to be made to the Courts to designate a guardian or custodian. Court issued documentation proving designation will need to be provided to PGL before any action can be made.

I hereby request that the proceeds be paid to the custodians listed below under the State of \_\_\_\_\_ UTMA (not available in VT or SC).

Custodian - First name	Middle Initial	Last Name
Successor Custodian - First name	Middle Initial	Last Name

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**Section 5: 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 or purchased your policy 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.

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

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**Section 6: 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 unnamed 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.

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                      Country*

<b>Signature of Owner</b>		Date Signed (mm/dd/yyyy)
X		
Title (if acting in a representative capacity)		
Print - First name	Middle name	Last name
<b>Signature of Co-Owner</b>		Date Signed (mm/dd/yyyy)
X		
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](mailto:clientrelations@pacificguardian.com)

**Fax:**  
1.800.946.1295

**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.