

BENEFICIARY CHANGE REQUEST

Owner Information

Insured name(s)

Insured DOB(s)

Insured SSN(s)

Owner name(s) (if other than insured)

Policy number

Owner's mailing address

City

State

Zip code

Home phone

Mobile phone

Work phone

Email address

Owner's Beneficiary Designation

I hereby revoke all prior designations of beneficiary and request the present designations below. Percentages must total 100% for Primary and 100% for Contingent, dollar amounts will not be accepted. If no entry is made in this column, designation will be considered as equal. Please attach a separate, signed, dated page for additional beneficiaries. Do not indicate multiple beneficiaries as a group – e.g. "All Children of Owner."

☐ Check this box if any of the Primary Beneficiaries are a Foreign Person. (See page 4 for additional details.)☐ Check this box if any of the named Beneficiaries below is a Viatical or Life Settlement Company

Primary beneficiary

Name (first, middle initial, last)

DOB/Trust date

Percentage (%)

Address

City

State

Zip

Phone number (include area code)

SSN/TIN

Relationship to Owner

Email

Primary 2 (if applicable)

Name (first, middle initial, last)

DOB/Trust date

Percentage (%)

Address

City

State

Zip

Phone number (include area code)

SSN/TIN

Relationship to Owner

Email

Primary 3 (if applicable)

Name (first, middle initial, last)

DOB/Trust date

Percentage (%)

Address

City

State

Zip

Phone number (include area code)

SSN/TIN

Relationship to Owner

Email

Owner's Beneficiary Designation *(continued)***Primary 4** *(if applicable)*

Name (first, middle initial, last)			DOB/Trust date	Percentage (%)
Address				
City	State	Zip	Phone number (include area code)	SSN/TIN
Relationship to Owner			Email	

Contingent beneficiary *(if applicable)*

Name (first, middle initial, last)			DOB/Trust date	Percentage (%)
Address				
City	State	Zip	Phone number (include area code)	SSN/TIN
Relationship to Owner			Email	

Contingent 2 *(if applicable)*

Name (first, middle initial, last)			DOB/Trust date	Percentage (%)
Address				
City	State	Zip	Phone number (include area code)	SSN/TIN
Relationship to Owner			Email	

Contingent 3 *(if applicable)*

Name (first, middle initial, last)			DOB/Trust date	Percentage (%)
Address				
City	State	Zip	Phone number (include area code)	SSN/TIN
Relationship to Owner			Email	

Contingent 4 *(if applicable)*

Name (first, middle initial, last)			DOB/Trust date	Percentage (%)
Address				
City	State	Zip	Phone number (include area code)	SSN/TIN
Relationship to Owner			Email	

Current Owner's signature *(Must match signature on file. If there is a discrepancy, a notarized signature will be requested.)*

Owner's signature*	Date	Joint Owner's signature	Date
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*If the Owner is a Corporation please include Corporate Resolution

Witness's signature *(required in MA)*

Signature of Witness <i>(Required in MA; must be 18 years or older to witness signature)</i>	Date
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Spouse's signature *(required in AK, AZ, CA, ID, LA, NV, NM, TX, WA, WI)*

Spouse's signature*	Date
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Irrevocable Beneficiary signature if any *(Notary required.)*

Irrevocable Beneficiary signature*	Date
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Notary Public *(if requested, to be completed by a Notary Public.)*

On this day _____
appeared before me and executed this form, and acknowledged that he or she (or they) signed the same as
his or her (or their) free voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal on the ____ day of _____, _____. (month, year)

State of	County of	Place seal or stamp here
Notary public signature		
My appointment expires		

What is a beneficiary?

The beneficiary is the person you wish to receive the life insurance proceeds when the insured person dies.

What are the different types of beneficiaries?

- **Primary:** The party or parties who have first rights to receive policy benefits when the benefits of an insurance policy become payable.
- **Contingent:** The party, or parties, designated to receive life insurance policy proceeds if the primary beneficiary(s) should die before the person whose life is insured.
- **Irrevocable:** Person named as beneficiary ***may not be changed unless the irrevocable beneficiary(s) agree, nor can changes be made to the policy unless the beneficiary is aware of the requested changes.***

How do you change the beneficiary?

Complete the form and mail or fax it to us.

- It is extremely important that the beneficiary designations be clear and free from any possible misunderstandings. Please consult your financial professional for additional terms that you can use in your designations or call a customer service representative at 1-800-796-3872 for clarification.
- Be sure to tell us if you wish the beneficiary to be irrevocable by indicating "Irrevocable" in the "Relationship to Insured" entry area. The signature of the irrevocable beneficiaries will need to be included on most future transactions.
- If more than one beneficiary is named, we will pay the benefits in equal shares to the survivor(s) unless you specify otherwise in the percentage of proceeds boxes.
- If the beneficiary is a Trust, please provide the full name of the Trust, the date of the Trust, and the name and address of the Trustee.
- **Use percentages only. Dollar amounts are not acceptable.**

Mailing Address: Symetra Life Insurance Company
First Symetra National Life Insurance Company of New York
PO Box 34690
Seattle, WA 98124-1690
Fax Number: 1-866-532-1361

What is the definition of a foreign person/entity?

- A foreign person or entity is not a U.S. person, as defined in Internal Revenue Code § 7701(a)(30).

What signatures are required to make the change?

- ***If the certificate/policy is owned by an Individual:*** The individual owner must sign. If the change is being executed by a married person residing in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin or any other community property state, it must also be signed by the owner's spouse.
- ***If a partnership owns the certificate/policy:*** At least two partners must sign. Signature authorization may be required.
- ***If a corporation owns the certificate/policy:*** At least two corporate officers must sign. Titles of both corporate officers are required. Signature authorization may be required.
- ***If the certificate/policy is jointly owned:*** The signatures of **BOTH** owners are required.

Does the signature need to be witnessed or notarized?

- If the owner's signature does not match what we have on file, a notarized signature will be required.
- If the owner resides in Massachusetts, that owner's signature must be witnessed by a disinterested person, over the age of 18, who is not being named as a beneficiary. A notary may provide this service for you, but the witness in this state need not be a notary.
- Corporate signatures (without a resolution or verifiable signature) also require notary.

If you have any questions, please call your financial professional or our toll-free number: 1-800-796-3872.