



Beneficiary Certificate

Please keep this form in a safe and secure place at all times.
Also leave a copy with a close friend or relative.

Insured Information		
Full Name:	Veteran: Y or N	
Address:		
City, State, Zip Code:		
Home Phone:	Work Phone:	Cell Phone:
Insurance Companies Contact Information		
Name:	Phone:	Cell Phone:
Name:	Phone:	Cell Phone:
Beneficiary Contact		
Full Name:	Veteran: Y or N	
Address:		
City, State, Zip Code:		
Home Phone:	Work Phone:	Cell Phone:
Relationship to Insured:	Amount of Policy:	
Emergency Contact		
Full Name:		
Address:		
City, State, Zip Code:		
Home Phone:	Work Phone:	Cell Phone:
Relationship to Insured:	Amount of Policy:	
Agent Information		
Full Name:		
Office Phone:	Cell Phone:	

I, the insured above, do now designate the beneficiary name to receive _____% of the face amount of my life insurance policy, payable after my death. I understand that these funds will be paid out in the event of my death, unless [A] I allow the insurance policy to lapse (stop making payments) [B] I transfer my policy to another beneficiary.

Insured's Signature

Date

Agent's Signature