



Guarantee Trust Life Insurance Co.

POLICY SERVICE FORM – BENEFICIARY

PLEASE PRINT

Date: _____

Insured: _____

Policy No.: _____

Owner: _____

Owner's Phone Number: (____) _____

Mailing Address of Owner: _____
Number and Street

City State Zip Code

Check box if this is a new address.

1) Complete this section to add or change a Beneficiary – I understand that with this change I will terminate all previous beneficiary selections for this policy. The beneficiary selection will be as shown below. You may name more than one Beneficiary.

Primary Beneficiary

1. Full Name Address
1. Relationship to Insured Date of Birth % of proceeds Social Security No.
2. Full Name Address
2. Relationship to Insured Date of Birth % of proceeds Social Security No.

Contingent Beneficiary: (You may name a contingent who would collect the policy benefits if the primary beneficiary (s) was not living at the time of the insured's death.)

1. Full Name Address
1. Relationship to Insured Date of Birth % of proceeds Social Security No.
2. Full Name Address
2. Relationship to Insured Date of Birth % of proceeds Social Security No.

Note: If two or more beneficiaries are named above (Primary or Contingent) all surviving beneficiaries will SHARE equally in any payments due, unless the % of proceeds is shown.

* You have the option to designate your Primary Beneficiary as an Irrevocable Beneficiary. This means the Beneficiary designation could not be changed without Beneficiary's signature.

2) This section must be signed by the Policy Owner in order to process your request.

I agree this form is a request and authorization to change my current policy record.

Date: _____

Owner's signature: _____

For Company Use Only:

The above request for change is acknowledged and has been completed by the Company. This acknowledgement applies only to the policy specified in the form.

Date Completed: _____

Policy No.: _____

Signature: _____