



**Change of Beneficiary**

*See instructions on reverse side.*

Insured's Legal Name: \_\_\_\_\_ Policy No. \_\_\_\_\_

**I hereby elect to change the beneficiary of this policy to:**

**Primary Beneficiary(ies):**

Legal Name \_\_\_\_\_ Social Sec. No. \_\_\_\_\_ Share (%) \_\_\_\_\_

Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Legal Name \_\_\_\_\_ Social Sec. No. \_\_\_\_\_ Share (%) \_\_\_\_\_

Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Legal Name \_\_\_\_\_ Social Sec. No. \_\_\_\_\_ Share (%) \_\_\_\_\_

Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

*If you have more than three beneficiaries, please continue on a separate sheet of paper, sign and date.*

**Contingent Beneficiary(ies):**

Legal Name \_\_\_\_\_ Social Sec. No. \_\_\_\_\_ Share (%) \_\_\_\_\_

Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Legal Name \_\_\_\_\_ Social Sec. No. \_\_\_\_\_ Share (%) \_\_\_\_\_

Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

**By this election I revoke all other and former designations and reserve the right to make other and further changes of beneficiary at any time I may elect.**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Owner's Signature \_\_\_\_\_ Witness' Signature \_\_\_\_\_

Owner's Legal Name (Print) \_\_\_\_\_ Witness' Legal Name (Print) \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HOME OFFICE USE ONLY**

Acknowledged and record on \_\_\_\_\_ by \_\_\_\_\_

**GBU FINANCIAL LIFE**

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## **Instructions for completing the Change of Beneficiary form**

1. The information you provide on the Change of Beneficiary form supersedes all existing beneficiary(ies) designations.
2. Print full given name, social security number, relationship, birth date, phone number, address and share (%) of the new beneficiary(ies).
3. Provide the beneficiary's(ies') relationship(s) to the insured or annuitant.
4. Unless otherwise requested, if two or more persons are named beneficiaries, proceeds shall be paid in equal shares to the beneficiaries or to the surviving beneficiary(s).
5. If no beneficiaries survive the insured or the annuitant, the death benefits shall be paid to the estate of the insured or the annuitant.
6. If parents name children as beneficiaries, include birth dates for each child.
7. The witness must not be beneficiary.
8. Email completed form to **service@gbu.org** OR mail to the GBU Home Office:  
GBU Financial Life  
PO Box 645949  
Pittsburgh, PA 15264-5257
9. The GBU Home Office will send a copy of the Change of Beneficiary form to the policy owner confirming the changes(s).

**All changes are effective on the date they are received by the GBU Home Office.**