

Request for Change of Beneficiary/Name Change Form

The United States Life Insurance Company in the City of New York

Administrator's Office: Pearl Insurance, 1200 E. Glen Ave, Peoria Heights, IL 61616
Phone 1-800-214-8122 FAX 1-866-817-9009

Member Spouse

(Please select appropriate box for member of spouse, spouse designations should be on a separate form. If you and/or spouse have additional beneficiary designations, attach a separate page that includes all required information, along with your signature and date.)

Group Policy Number:	Certificate Number:	Date of Birth:
Insured's Name:		
Address: (Street) (City) (State) (Zip)		
Email:	Phone Number:	

If no class (designate primary or contingent) for a beneficiary is indicated, the beneficiary will be considered primary. For each class of beneficiaries, all shares (percentage designated beneficiary will receive) must add up to 100%.

In accordance to the terms of the above policy, request is made for Change of Beneficiary to:
• (Indicate Full Name and Relationship- Example: Jane Doe, Wife, and Not Mrs. John Doe)

Class/Share	(NOTE: Select appropriate box for Primary and or Contingent and write in percentage amount of designation. If Address and/or Phone are the same as Insured Member, check box at bottom of each designation in lieu of adding the information below.)	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent ____ %	Beneficiary Name _____ (First) (Middle) (Last)	Relationship to Insured _____
	Address _____ (Street) (City) (State) (Zip)	
	Date of Birth ____ / ____ / ____ (MM/DD/YYYY)	Social Security Number ____ - ____ - ____ Phone Number ____ (Area Code) (Number)
	<input type="checkbox"/> Address/Phone same as Insured Member	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent ____ %	Beneficiary Name _____ (First) (Middle) (Last)	Relationship to Insured _____
	Address _____ (Street) (City) (State) (Zip)	
	Date of Birth ____ / ____ / ____ (MM/DD/YYYY)	Social Security Number ____ - ____ - ____ Phone Number ____ (Area Code) (Number)
	<input type="checkbox"/> Address/Phone same as Insured Member	

If surviving the Insured. Unless otherwise provided herein, if more than one beneficiary is named, payment shall be made in equal shares to the beneficiaries who survive the Insured; if not beneficiary survives the Insured, payment shall be made in accordance with the terms of the policy. The right to further change the beneficiary is reserved without the consent of the beneficiary.

Note: This form must be signed by the Insured or Owner and the Beneficiary if the right to change the beneficiary has not been reserved.

Request for Change in Name

The name of the Insured has been changed for the reason shown.

Marriage By Court Order Divorce & Resumption of Former Name Name Incorrect on Certificate
Former Name was: _____

Present Name is: _____

Date of Qualifying Event: _____

In Each Case: Complete the Following Section

Insured's Signature: _____ City/State _____ Date: _____

Witness: _____ City/State _____ Date: _____
(SOMEONE OTHER THAN THE BENEFICIARY)

Recorded on behalf of United States Life Insurance Company, subject to the terms and conditions of the group policy.

Validated by: _____ Date: _____

Please return this completed form to Pearl Insurance, 1200 E. Glen Ave, Peoria Heights, IL 61616.