

Beneficiary Change Request Form



P.O. BOX 30325 • LANSING, MICHIGAN 48909-7825

Policy Number(s)	Insured or Annuitant Name
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A. INSTRUCTIONS

1. This form is used to request Auto-Owners Life Insurance Company (hereinafter referred to as the "Company") to make a change to the beneficiary designation.
2. Thoroughly read the form prior to completion. Contact your agent, attorney or other advisors with any questions to ensure your wishes are being accurately reflected in this document.
3. To expedite the processing of your request, all pages must be completed as directed and returned to the Company.
4. This form must be signed and dated by all policyowners and any other applicable parties.
5. All policyowners' signatures must be witnessed by a disinterested person over the age of 18. The witness' signature is required.
6. If naming a trust as a beneficiary, please provide us with a copy of the title page, including date of the trust and signature pages for trustor and trustees.
7. Proceeds will be paid equally to surviving beneficiaries unless percentages are listed. If percentages are listed and a beneficiary predeceases the insured/annuitant, that beneficiary's percentage will be paid to the owner's estate unless otherwise stated. If percentages are listed, the total percentages must equal 100% for each beneficiary type.
 - a. Dollar amounts will not be accepted.
8. Definitions:
 - a. *Primary Beneficiary* (Section C) – A primary beneficiary is anyone you have designated to be the first in line to receive the proceeds from your life insurance policy or annuity contract.
 - b. *Contingent Beneficiary* (Section D) – A contingent beneficiary is anyone you have designated to receive the proceeds from your life insurance policy or annuity contract in the event that none of your primary beneficiaries are alive at the time of the insured's or annuitant's death.
9. Examples of beneficiaries and suggested wording:
 - a. Executor or Administrator – *Insured's Estate*
 - b. Two or more named persons in unequal shares – *John Doe, 40% and Mary Doe, 60%*
 - c. Trust Arrangement – *Trust Name, Trustee, or its successor in Trust, Under Trust Agreement dated 1/1/2019*
10. Additional documentation may be required.

B. POLICYOWNER INFORMATION

Full Legal Name(s) of Policyowner(s)		Date of Birth
Social Security Number/EIN/TIN	Phone Number	Email Address
Home Street Address (Include City, State and Zip)		<input type="checkbox"/> Check here if change of address
Mailing Address - If different than Home Street Address (Include City, State and Zip)		<input type="checkbox"/> Check here if change of address

In accordance with the provisions of this policy, Auto-Owners Life Insurance Company (herein called the "Company") is requested to change the beneficiary designation as stated in the following pages:

C. PRIMARY BENEFICIARY(IES) *(All information is required.)*

To be paid equally to surviving primary beneficiaries unless otherwise specified.

To list additional primary beneficiaries, you may:

- Copy this page, complete, sign and return; or
- Contact Life Policyholder Services or Annuity Services for an additional form.

Full Legal Name	SSN/EIN/TIN	DOB/Trust Date	Phone Number
Address (Include City, State and Zip)		Relationship to Insured/Annuitant	
Full Legal Name	SSN/EIN/TIN	DOB/Trust Date	Phone Number
Address (Include City, State and Zip)		Relationship to Insured/Annuitant	
Full Legal Name	SSN/EIN/TIN	DOB/Trust Date	Phone Number
Address (Include City, State and Zip)		Relationship to Insured/Annuitant	
Full Legal Name	SSN/EIN/TIN	DOB/Trust Date	Phone Number
Address (Include City, State and Zip)		Relationship to Insured/Annuitant	

D. CONTINGENT BENEFICIARY(IES) *(All information is required.)*

To be paid equally to surviving contingent beneficiaries unless otherwise specified.

To list additional contingent beneficiaries, you may:

- Copy this page, complete, sign and return; or
- Contact Life Policyholder Services or Annuity Services for an additional form.

Full Legal Name	SSN/EIN/TIN	DOB/Trust Date	Phone Number
Address (Include City, State and Zip)		Relationship to Insured/Annuitant	
Full Legal Name	SSN/EIN/TIN	DOB/Trust Date	Phone Number
Address (Include City, State and Zip)		Relationship to Insured/Annuitant	
Full Legal Name	SSN/EIN/TIN	DOB/Trust Date	Phone Number
Address (Include City, State and Zip)		Relationship to Insured/Annuitant	
Full Legal Name	SSN/EIN/TIN	DOB/Trust Date	Phone Number
Address (Include City, State and Zip)		Relationship to Insured/Annuitant	

E. SPOUSAL CONSENT

If the policyowner's spouse is not being designated as the sole primary beneficiary, and

- the policyowner is currently a resident of, or the policy was purchased in, AZ, CA, ID, LA, NV, NM, TX, WA, WI or any other community or marital property state; or
- the policy is a Money Purchase, Profit Sharing, or Tax-Sheltered Annuity (TSA),

then consent of the policyowner's spouse must be given by signing below.

If marital property rules apply and there is no spouse, please indicate marital status by checking the applicable box:

Never married Spouse is deceased Divorced

By signing below, I consent to the designation of the beneficiary(ies) as listed on this request and waive any rights I may have to the proceeds of listed policy under applicable laws. I understand that this may cause some or all of the death benefit to be paid to a beneficiary other than me and that my consent is irrevocable unless my spouse revokes the beneficiary designation(s).

Unless Auto-Owners has been notified of a community or marital property interest in this policy, Auto-Owners will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry.

Signature of Policyowner's Spouse (if applicable)

Date (MM/DD/YY)

F. YOUR CONFIRMATION

The right to change this beneficiary designation and all other rights, benefits, options and privileges conferred by this policy or allowed by the Company, including the right to assign, belong to the policyowner. Beneficiary designations must comply with state and federal law. The Company reserves the right to reject a requested beneficiary designation. A beneficiary change request is not effective until approved by the Company and it will take effect on the date you signed this request. If any trustee is designated above, payment to such trustee shall discharge the Company from further liability to the extent of such payment. This request is subject to the provisions of the policy. **All prior primary and contingent beneficiary designations are hereby revoked.**

(Signature of Policyowner - required)

Date (MM/DD/YY)

(Title of Authorized Signer if Policyowner is a Trust or Corporation)

(Other Required Signatures - Joint Policyowner(s), Collateral Assignees, Irrevocable Beneficiaries, if any, etc.)

Date (MM/DD/YY)

(Name of Witness - please print)

(Signature of Witness - required)

Date (MM/DD/YY)

Mail, Fax or Email Completed Form to:

Mail – Auto-Owners Life Insurance Company
PO Box 30325
Lansing, MI 48909

Email – lifephs@aoins.com
annuities@aoins.com

Fax – (517) 391-1906

Contact Us:

Life Policyholder Services
Ph: (517) 886-1860
lifephs@aoins.com

Annuity Services
Ph: (517) 886-1861
annuities@aoins.com

For Home Office Use Only:

The foregoing request is approved on _____ by _____
Date Name


Secretary

AUTO-OWNERS LIFE INSURANCE COMPANY