

Erie Family Life Insurance Company

Service Center • P.O Box 83026 • Lincoln, NE 68501 Toll Free 1.800.458.0811 • Fax 866.567.1219 • www.erieinsurance.com

### Beneficiary & Ownership Change Form

#### Instructions:

- Select one or more of the following coverage change options.
- Complete all required fields.
- Obtain all required signatures and provide signature verification by returning a copy of a driver's license, state ID card or notarization.
- Return all pages of the completed form to the Service Center at the address above or by fax to (866) 567-1219.
- PLEASE NOTE: If the policy was issued in, or the policy owner currently resides in the one of the following states, please attach the Community/Marital Property Consent Form EFL2046. States include: AZ, CA, ID, LA, NV, NM, TX, WA, and WI.

No changes shall be recognized by Erie Family Life unless and until they are filed and accepted at the Erie Family Life Service Center.

Policy Number One Policy Number per Form	Insured Name				
North Title 28 Spekhar 20 July 20 Sept. 1 July 20 July					
COMPLE	TE THIS SECTION FO	OR AN <b>OWNER</b>	SHIP CHANG	3E	
I, the current Owner, request t	hat all rights of ownership an	d control be transfer	red to the new Ov	vner(s) shown below.	
IMPORTANT: Changing the ownership change the beneficiary designation on	of this policy does not cha this policy, please comple	inge the existing be te the BENEFICIAR	neficiary design Y CHANGE secti	ation(s). If you wish to on on page 2.	
Individual: Please check only one box b	elow.		and the second second		
☐ One Owner					
Full Name	Address	Date of Birth	SSN	Relationship to Insured	
☐ Joint Owners					
Full Name	Address	Date of Birth	SSN	Relationship to Insured	
		_			
Trust:					
Trustee Under Trust Agreement					
Full Name of Trust	Address of Trustee	Date of Trust	TIN	Name of Trustee	
Business or Charitable Organization:					
☐ Corporation, it's successors or assigns	☐ Partnership, as	s now exists or later of	constituted		
Other:	<u> </u>	Addana		F. J. J. FIN	
Full Legal Name		Address		Federal EIN	



# Member Company Erie Family Life Insurance Company Service Center • P.O Box 83026 • Lincoln, NE 68501 Toll Free 1.800,458.0811 • Fax 866.567.1219 • www.erieinsurance.com

## Beneficiary & Ownership Change Form

COMP	LETE THIS SECTION FOR	RA BENEFICIAI	RY CHANGE	
I, the current Owner, requ	est that the proceeds payable at th	e Insured's death be	paid to the beneficiary(ie	s) below.
Primary Beneficiary: Please check				terior de la companya
☐ Please name the following persor	n(s) as primary beneficiary(ies):	<del></del>		Percentage
Full Name	Relationship to Insured	Date of Birth	Address	of Proceeds'
•				
_				
☐ The Insured's Estate – When the	ollectively named as beneficiary and is option is selected it is unnecessal dated//////	d proceeds are divide	d equally between surviv	
	named under the Insured's will) - A		nder the Insured's will an	d becomes active
	Please consult legal counsel befo			
☐ Business – Designation include:	s schools, charities, etc.			
Name of Business				
Address of Business				
Type of Business:   Corpora	tion 🗌 Partnership 🔲 Sole	Proprietorship	Other	



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**Beneficiary & Ownership** Change Form

☐ Please name the	following person(s)	as contingent beneficiary(ies):	1		
Full Na	ame	Relationship to Insured	Date of Birth	Address	Percentage of Proceeds
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Required Signatures and Authorization		
By signing below, I, the current Owner agree to this re	quest and to the terms and co	onditions that may apply.
Signature of Current Owner	Date	Social Security Number (required)
Signature of Joint Owner(s), if applicable	Date	Social Security Number (required)
Signature of Assignee, if applicable	Date	<u>.                                    </u>
Signature of Irrevocable Beneficiary(ies), if applicable	Date	
Signature of Agent	Date	Agent Number (required)
Tax Certification To be completed by the	new owner when an Owner	ship Change has been requested.
Under penalties of perjury, I, the new Owner, certify that:		
My taxpayer identification (Social Security) number is		
<ul> <li>Check one that applies:</li> <li>I have been informed by the IRS that I am subject to ba</li> <li>I am not subject to backup withholding for the reasons to</li> </ul>	ckup withholding. pelow:	
a) I have not been notified that I am subject to backup	withholding as a result of a	failure to report all interest or dividends
or b) The IRS has notified me that I am no longer subject	to backup withholding.	
Signature of New Owner	Date	Social Security Number (required)