Grange Life Beneficiary Change Request *Please type or print using dark ink.*



Grange Life Insurance Company 671 South High Street, PO Box 1218 Columbus, OH 43216-1218 grangelifephs@kclife.com Fax: 888.637.2864

Policy Number	Insur	ed		Owner (if other than insured)		
state, federal and inc Check the box next t Review any disclosur Read, sign and date t BENEFICIARY CHANGE FOR: Please provide com for primary benefic The primary benefic upon the insured's to receive the deatl	dustry regology of the Author BASE plete infiaries and clary is the death. The benefit	gulations quest(s) and provi r important notice rization section INSURED	de all of the reques OTHER INSURED Deneficiaries you gent beneficiari s or entity designeficiary is the position of the position of the insured or	RIDER (CH I want to d es. gnated to r erson, pers		
prior to or at the sa • If changing a benef authorize the chang • INFORMATION YOU Primary Beneficiaries	iciary pre ge.	eviously designat	ed as irrevocabl	. •	st also sign this form to	
Name	%	Date of Birth	Social Sec	urity No.	Relationship to Insured	
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		/ /	-			
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		/ /		-		
Contingent Beneficiaries	1				<u> </u>	
Name	%	Date of Birth	Social Sec	urity No.	Relationship to Insured	
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AUTHORIZATION (REQUIRED	FOR ALL	REOUESTS)				
The owner must complete the above shall be effective when	section be	low to authorize th	ne request(s). I/we ome Office and d	e agree that etermined t	any change requested o be in good order.	
Signed at (City, State)			ate /	-	/	
					<u>-</u>	
Signature of Owner		Ph	none Number of O	wner		
Email			Signature of Assignee (if any)			

Signature of Irrevocable Beneficiary (if any)