



**PEKIN LIFE INSURANCE COMPANY**  
**Return form to:**  
**2505 COURT STREET**  
**PEKIN, ILLINOIS 61558-0001**  
**PHONE: (800)322-0160 \* FAX: (309)346-8398**

**REQUEST TO CHANGE BENEFICIARY**

INSURED

POLICY NUMBER

In accordance with the terms of the policy the undersigned hereby requests that the following action be taken.

**PRIMARY BENEFICIARY**

Name & Relationship	Address	Birthdate	SS #
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CONTINGENT BENEFICIARY**

Name & Relationship	Address	Birthdate	SS #
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sign here to make the beneficiary Irrevocable \_\_\_\_\_. Any future request to change the beneficiary designation will require authorization from the beneficiary designated on this form.

I understand that proceeds will be paid in equal shares or to the survivor where such payment is applicable.

If the beneficiary is a minor, name a trustee. \_\_\_\_\_

I agree and understand that this change of beneficiary will become effective as of the date hereof when endorsed on or made part of the policy in the manner prescribed by the company.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY, STATE

\_\_\_\_\_  
WITNESS (OTHER THAN A RELATIVE)

\_\_\_\_\_  
SIGNATURE OF POLICYOWNER

The undersigned hereby consents to the above change of beneficiary.  
 (only use if the present beneficiary is an irrevocable beneficiary)

\_\_\_\_\_  
WITNESS (OTHER THAN A RELATIVE)

\_\_\_\_\_  
IRREVOCABLE BENEFICIARY