



BENEFICIARY CHANGE FORM

Please submit completed form to Trustmark Life Insurance Co., P.O. Box 7904, Lake Forest, IL 60045.

Group Name _____ Group # _____

Employee Name _____ S.S. # _____

Under the terms of the above Contract(s), I, the insured, hereby request the Trustmark Life Insurance Company to:

Change my beneficiary and revoke all previously designated beneficiaries.

Name/address of proposed beneficiary:

Relationship to Insured: _____

The right is reserved to change the beneficiary hereby designated without the consent of said beneficiary(ies). If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries as survive the Insured, unless otherwise provided herein. If no designated beneficiary(ies) survive the Insured, settlement will be made in accordance with the terms of the above contract(s).

SIGNATURES REQUIRED: THIS CHANGE WILL NOT BE VALID UNLESS SIGNATURES AND DATES BELOW ARE FILLED OUT COMPLETELY.

Signature of Insured

Signature of Witness

Date

Date

TO BE COMPLETED IN COMMUNITY PROPERTY STATES WHEN BENEFICIARY IS NOT THE SPOUSE OF A MARRIED INSURED.

SIGNATURE OF SPOUSE _____ DATE APPROVED AND CONSENTED TO: _____

For Trustmark Life Use Only:

Accepted by _____ Date _____

White - Premium

Yellow - Group