

## Change of Beneficiary Form

Complete this form as thoroughly as possible. Please be advised that completion of this form alone does not constitute coverage for benefits. The company does not admit that there is any insurance in force and does not waive any of its rights and/or defenses. Any incomplete form will not be accepted. The company withholds the right to request additional information prior to acceptance of this form.

Upon completion of this form, keep a copy so that your beneficiaries may refer to it should a claim for Group Term Life benefits be necessary. The original of this form should be provided to your employer.

Please return this form to your Benefits Office (Not Madison National Life).

### Employee Information

Name of employer: \_\_\_\_\_ Group number: 013593

Employee's name: \_\_\_\_\_ Social security number: \_\_\_\_\_

Male  Female  Married  Single

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Start date of employment: \_\_\_\_\_

### Beneficiary Declaration

#### Primary Beneficiaries

In the event of my death, I request that benefits be paid as follows:

Full Name	Relationship	Address / Phone:	Percentage of Benefit (must total 100%)

*Attach additional pages if necessary*

#### Secondary Beneficiaries

In the event that none of my primary beneficiaries are living at the time of benefit payment I request that benefits be paid as follows:

Full Name	Relationship	Address / Phone:	Percentage of Benefit (must total 100%)

Please note: Our company cannot issue benefits directly to a minor. Should benefits be payable to a minor we will require documents confirming who is the court appointed legal financial guardian of the minor. If you reside in a community property state, it may be unlawful to name someone other than a spouse as a beneficiary without the spouse's consent. Community property states include, but might not be limited to : AZ, CA, ID, LA, NM, NV, TX, WA and WI.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Required if policy is obtained in a community property state and your spouse is not listed as your primary beneficiary.)*

Witness: \_\_\_\_\_ Date: \_\_\_\_\_