OXFORD
LIFE INSURANCE COMPANY®

## CHANGE OF BENEFICIARY FORM

**Please read all instructions carefully and complete all applicable sections of this form. A photocopy of a signed, government issued ID such as a driver's license; state ID or passport must be submitted with the completed form for the owner AND the joint-owner (if applicable). Unclear or missing information may delay or prevent processing. Sign and date the form and submit all pages.**

## OWNER INFORMATION

| | | | |
|---|---|---|---|
| POLICY NUMBER | | | |
| OWNER'S NAME | | | OWNER'S SOCIAL SECURITY NUMBER |
| JOINT OWNER'S NAME | | | JOINT OWNER'S SOCIAL SECURITY NUMBER |
| MAILING ADDRESS | | | |
| CITY | STATE | | ZIP |
| STREET ADDRESS (**REQUIRED** IF MAILING ADDRESS IS PO BOX) | | | TELEPHONE NUMBER |
| CITY | STATE | ZIP | E-MAIL ADDRESS |

For each beneficiary give full name, address, date of birth, Social Security number, relationship to insured, and percentage of death benefit. The sum of percentages for each beneficiary type (primary and contingent) must equal 100%. If percentages are left blank, all beneficiaries will receive equal shares. If you wish to designate more than four primary or contingent beneficiaries, attach a signed and dated sheet listing additional beneficiaries including all details requested in the beneficiary designation section.

## PRIMARY BENEFICIARIES

| | | | |
|---|---|---|---|
| FULL NAME | | ADDRESS | |
| DATE OF BIRTH | SOCIAL SECURITY NUMBER | RELATIONSHIP TO INSURED | PERCENTAGE |
| FULL NAME | | ADDRESS | |
| DATE OF BIRTH | SOCIAL SECURITY NUMBER | RELATIONSHIP TO INSURED | PERCENTAGE |
| FULL NAME | | ADDRESS | |
| DATE OF BIRTH | SOCIAL SECURITY NUMBER | RELATIONSHIP TO INSURED | PERCENTAGE |
| FULL NAME | | ADDRESS | |
| DATE OF BIRTH | SOCIAL SECURITY NUMBER | RELATIONSHIP TO INSURED | PERCENTAGE |

## CONTINGENT BENEFICIARIES

| FULL NAME | | ADDRESS | |
|---|---|---|---|
| DATE OF BIRTH | SOCIAL SECURITY NUMBER | RELATIONSHIP TO INSURED | PERCENTAGE |
| FULL NAME | | ADDRESS | |
| DATE OF BIRTH | SOCIAL SECURITY NUMBER | RELATIONSHIP TO INSURED | PERCENTAGE |
| FULL NAME | | ADDRESS | |
| DATE OF BIRTH | SOCIAL SECURITY NUMBER | RELATIONSHIP TO INSURED | PERCENTAGE |
| FULL NAME | | ADDRESS | |
| DATE OF BIRTH | SOCIAL SECURITY NUMBER | RELATIONSHIP TO INSURED | PERCENTAGE |

## INSTRUCTIONS FOR TRUST BENEFICIARIES

**If a trust is named above as a beneficiary, provide the additional information requested below regarding the trust.**

Oxford Life Insurance Company ("Oxford Life") shall not be responsible for the application or disposition of the proceeds by the trustee(s), and the receipt of the proceeds by the trustee(s) shall be full discharge of the liability of Oxford Life under the Policy. Oxford Life is also not responsible for any change of trustee or change to the status of a trust unless written evidence of the change is received at Oxford Life's Home Office.

If a trust is named as a beneficiary and no qualified trustee makes claim to the proceeds within one year after Oxford Life receives notice of the Insured's death, or if Oxford Life receives evidence satisfactory to it within that year showing that no trustee can qualify to receive payment or that a living trust designated as beneficiary was not in effect at the Insured's death, then the proceeds will be paid as if the trust was not a beneficiary. Payment based on such proof shall be full discharge of liability of Oxford Life under the Policy.

Check one of the following boxes to identify the type of trust. For a living trust, provide the requested information.

❑ Living Trust Described Below

Name of Trustee(s) _____

Address_____ City_____State____Zip Code_____

Complete Name of Trust _____

Date of Trust Agreement _____

❑ Testamentary Trust Created Pursuant to the Insured's Will

## OPTIONAL IRREVOCABLE BENEFICIARY PROVISION

**Irrevocable Beneficiary Designation:** If you wish to make a primary beneficiary designation named above irrevocable, print the irrevocable beneficiary's name in one of the spaces below and initial in the box next to that irrevocable beneficiary's name. **An irrevocable beneficiary receives a vested interest in the policy, and no changes to the policy, including surrender or a change of the beneficiaries, may be made by the owner without the consent of all irrevocable beneficiaries.** ***If you do not initial the box next to the beneficiary's name below, the designation will be treated as revocable.***

| | OWNER INITIALS | | OWNER INITIALS |
|---|---|---|---|
| _____ | | _____ | |
| IRREVOCABLE PRIMARY BENEFICIARY'S NAME | | IRREVOCABLE PRIMARY BENEFICIARY'S NAME | |

## SIGNATURES AND AUTHORIZATION

**SPOUSAL CONSENT: If you live or your policy was issued in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA and WI), your spouse's signature is required.**

❑ **If you are not married, or if your spouse is deceased, check this box.**

I have read, understand and agree to the contents of this form. I revoke any prior designation of beneficiaries.

SIGN HERE _____ SIGN HERE _____

Signature – Owner Date | Signature – Joint Owner *(if applicable)* Date

❑ Trustee or ❑ Officer Title: _____ | ❑ Trustee or ❑ Officer Title: _____

SIGN HERE _____

Signature - Witness Date

**If any owner resides in Massachusetts, a disinterested person who is over 18 and who is not named as a beneficiary must sign as a witness to the owner's signature. In all other states, including the signature of a witness is encouraged.**

SIGN HERE _____ SIGN HERE _____

Signature – Spouse *(if required)* Date | Signature – Irrevocable Beneficiary or Collateral Assignee *(if any)* Date

**If you are signing on behalf of the owner, print your name, sign below and check the box that describes the capacity in which you are signing:** ❑ Conservator ❑ Guardian ❑ Power of Attorney

Signature: _____ Print Name: _____

Date

I certify that the conservatorship, guardianship or power of attorney authorizing me to act for the policy owner has not been terminated or modified in any way that would affect my ability to act for the policy owner. I agree to indemnify, defend and hold Oxford Life harmless for, from and against any losses, liability, claims and costs (including attorney's fees) resulting from acting on my instructions.

## SIGNATURE REQUIREMENTS

All applicable required signatures must be included when submitting this form. Processing will be delayed if signature requirements are not satisfied.

**Spouse Signatures** – If the owner resides in a community property state (currently AZ, CA, ID, LA, NM, NV, TX, WA and WI), the owner's spouse must also sign this form. Unless Oxford Life has received written notice of a community property interest in the policy, Oxford Life will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry.

**Trust** – All trustees must sign if required by the trust agreement. A copy of the trust agreement and a completed current Certification of Trustee Powers form must be on file before a withdrawal can be processed. Check the "Trustee" box below the owner signature line.

**Guardian or Conservator** – The guardian or conservator must sign and check the "Guardian" or "Conservator" box, as applicable, to identify the capacity in which they are signing for the owner. Provide a copy of the guardianship/conservator papers if not previously submitted.

**Power of Attorney** – The attorney-in-fact must sign and check the "Power of Attorney" box to identify the capacity in which they are signing for the owner. Print the date of the power of attorney in the space provided on the signature page. Provide a copy of the power of attorney (if not previously provided).

**Corporation** – Check the "Officer Title" box below the owner signature line and write the title of the officer signing for a corporate owner in the space next to it. Provide a copy of the corporate resolution evidencing the officer's signing authority.

**Irrevocable Beneficiary** – If you previously named an irrevocable beneficiary, the irrevocable beneficiary's signature is required.

**Collateral Assignee** – If the policy has been assigned as collateral, all assignees must sign.

**Important notice regarding jointly owned annuities – If you are submitting this change of beneficiary form for a jointly owned policy, please first review the terms of your policy carefully. The death benefit will be payable to the primary beneficiary upon the death of any owner. If you intend for the surviving owner to be the primary beneficiary, be sure to designate the surviving joint owner as the 100% primary beneficiary.**

## SUBMISSION INSTRUCTIONS

Please sign, date, and return all completed pages, along with any required documents via any of the return methods below.

| Oxford Life Mailing Address and Contact Information | |
|---|---|
| **Regular or Overnight Mail** | 2721 North Central Avenue, Phoenix, Arizona 85004 |
| **Fax** | (877) 584-2777 |
| **Email** | OxfordPHS@oxfordlife.com |
| **Policyholder Services** | (866) 641-9999 |
| **Website** | www.oxfordlife.com |