Beneficiary Change Form

Use this form to change the Beneficiary on your SBLI policy

SBLI
Attn: Customer Service
P.O. Box 4046
Woburn, MA 01888
records@sbli.com
my.sbli.com

Policy Number(s): _____

Name of Insured: _____

Name of Owner(s): _____

Primary Beneficiaries

- Use this section to designate the person(s) or entity(ies) as the primary recipients of Policy proceeds.
- The total % of Benefit must equal 100%. If there are multiple Beneficiaries and % of Benefits is not indicated, then proceeds will be paid in equal shares.

Beneficiary Name and Address (Required)	**% of Benefits**	**Relationship to Insured** (Required)	**Social Security #** (Required)
Name: Address:			_____-_____-_____
Name: Address:			_____-_____-_____
Name: Address:			____-_____-_____
Name: Address:			_____-_____-_____
Name: Address:			_____-_____-_____
Corporation or Charity Name: Corporation or Charity Address:		Taxpayer ID (Required) _____-_____	

☐ **Time Clause Option** (check if Yes) If the time clause option is chosen, any beneficiary who survives the Insured but dies prior to 15 days after the Insured's date of death shall be deemed not to have survived the Insured.

Contingent Beneficiaries

- Use this section to designate the person(s) or entity(ies) as the contingent recipients of Policy proceeds.
- The total % of Benefit must equal 100%. If there are multiple Beneficiaries and % of Benefits is not indicated, then proceeds will be paid in equal shares.

Beneficiary Name and Address (Required)	**% of Benefits**	**Relationship to Insured** (Required)	**Social Security #** (Required)
Name: Address:			_____-_____-_____
Name: Address:			_____-_____-_____
Name: Address:			_____-_____-_____
Name: Address:			_____-_____-_____
Corporation or Charity Name: Corporation or Charity Address:		Taxpayer ID (Required) _____-_____	

Trust Beneficiary

- Use this section to designate a Trust as the primary recipient of Policy proceeds.
- Please include the Declaration of Trust

Name of Trust: _____

Date Trust was Fully Executed: _____

Trust Taxpayer Identification Number (TIN) _____

All policy changes must be signed by (check one):

- ☐ **All** authorized Trustees
- ☐ A **Majority** of authorized Trustees
- ☐ **Any** authorized Trustee
- ☐ **Designated** Trustee

Names of Trustees authorized to act on behalf of the Trust (Required)
Name: Address:
Name: Address:
Name: Address:
Name: Address:
Name: Address:

Beneficiary Change Request

I hereby request that SBLI replace the existing Beneficiary(ies) as previously designated by me to receive the Policy Proceeds with the revised Beneficiaries that I have herein designated.

The information on this form will replace any prior beneficiary designation on the policy(ies).

If the previous beneficiary designation was irrevocable, the previous irrevocable beneficiary must also sign this request, agreeing to the requested change.

I hereby request that SBLI waive any requirement that this change be endorsed on the policy. I agree that the change herein requested shall be assumed to become effective without such endorsement, and I further agree that acknowledgment of receipt of this form by SBLI shall be construed as a waiver of the requirement of any such endorsement without further acknowledgment or notice by it.

Trusts:
In Lieu of payments as now provided, I hereby request that the net proceeds payable under each of the above policies in the event of death of the Insured be paid without responsibility on the part of SBLI as to the application of the said proceeds by such Trustee(s). If the said Indenture of Trust is then terminated, the said proceeds shall be paid to the Owner or the Estate of the Owner.

Signatures

SIGNATURE OF OWNER: The Owner must date and sign the request for a beneficiary change. Please note: Massachusetts requires all Owner signatures for beneficiary change requests to be witnessed. The witness must be a disinterested third party who is not the Insured, Owner or designated as a beneficiary to the policy and is least 18 years of age.

Signature of Owner: _____ Date: _____

SIGNATURE OF DISINTERESTED WITNESS: I hereby certify under the penalties of perjury that I am over 18 years of age, a disinterested party who will not benefit from this policy and have witnessed the signing of this form by the owner.

Signature of Disinterested Witness: _____ Date: _____

SIGNATURE OF IRREVOCABLE BENEFICIARY: If the previous Beneficiary on this policy has been designated "irrevocable" or "without power of revocation", that Beneficiary must sign below.

Signature of Irrevocable Beneficiary:_____ Date: _____

SIGNATURE OF DISINTERESTED WITNESS: I hereby certify under the penalties of perjury that I am over 18 years of age, a disinterested party who will not benefit from this policy and have witnessed the signing of this form by the irrevocable beneficiary.

Signature of Disinterested Witness: _____ Date: _____

Additional Questions?

- Visit us at my.SBLI.com
- Call our Customer Service Call Center at 800-694-7254, Monday – Friday.