Trinity Life Insurance Company
ADMINISTRATIVE OFFICE
PO BOX 5205 • FRANKFORT, KY 40602-5205
Phone: (866) 440-1357 • Fax: (502) 875-7084

BENEFICIARY CHANGE FORM

(1) Please print
(2) It is important to complete each and every item for each beneficiary to ensure we are able to contact the beneficiary should a claim occur.
(3) Use additional form if more beneficiary designations are being requested.

Policy Number(s):

POLICY NUMBER 1	POLICY NUMBER 2	POLICY NUMBER 3	POLICY NUMBER 4

Insured's Full Name: _____

Owner's Address: _____

FULL NAME OF NEW BENEFICIARY		SOCIAL SECURITY NUMBER	RELATIONSHIP	DATE OF BIRTH
❑ Primary or ❑ Contingent	CURRENT ADDRESS OF BENEFICIARY			
	HOME PHONE	CELL PHONE	WORK PHONE	
	EMAIL ADDRESS	SHARE % IF MORE THAN ONE BENEFICIARY AND NOT EQUAL AMOUNTS		

FULL NAME OF NEW BENEFICIARY		SOCIAL SECURITY NUMBER	RELATIONSHIP	DATE OF BIRTH
❑ Primary or ❑ Contingent	CURRENT ADDRESS OF BENEFICIARY			
	HOME PHONE	CELL PHONE	WORK PHONE	
	EMAIL ADDRESS	SHARE % IF MORE THAN ONE BENEFICIARY AND NOT EQUAL AMOUNTS		

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	HOME PHONE	CELL PHONE	WORK PHONE	
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❑ Primary or ❑ Contingent	CURRENT ADDRESS OF BENEFICIARY			
	HOME PHONE	CELL PHONE	WORK PHONE	
	EMAIL ADDRESS	SHARE % IF MORE THAN ONE BENEFICIARY AND NOT EQUAL AMOUNTS		

Date: _____

Owner's Name (printed)

X
Owner's Signature (Always Required)

Owner's email address

( )
Owner-Day time phone: ☐ Home ☐ Cell ☐ Work

X
SPOUSE'S SIGNATURE-IF SPOUSE IS NOT CO-OWNER (REQUIRED IN COMMUNITY PROPERTY STATES – CURRENTLY AZ, CA, ID, LA, NM, NV, TX, WA AND WI)

Co-Owner's Name (printed)

X
Co-Owner's Signature (Always Required, if applicable)

Co-Owner's email address

( )
Co-Owner-Day time phone: ☐ Home ☐ Cell ☐ Work

X
SPOUSE'S SIGNATURE-IF SPOUSE IS NOT OWNER (REQUIRED IN COMMUNITY PROPERTY STATES – CURRENTLY AZ, CA, ID, LA, NM, NV, TX, WA AND WI)