Federal Life Insurance Company
P.O. Box 147, Lincolnshire, IL 60069
800-233-3750
www.federallife.com

Beneficiary Change Form

Instructions: When submitting the Beneficiary Change Form, you must re-list all current primary and contingent beneficiary designations that you wish to remain in effect. Once received and approved by Federal Life Insurance Company, this Beneficiary Change Form will replace any and all prior beneficiary designations. **If you need additional space, include a separate sheet of paper with the additional beneficiary information listed.**

Section A: Contract Information

Contract Number(s)	**Full Name of Insured** (life policy) **or Annuitant** (annuity)
Contract Owner's Full Name *(if different than insured)*	**Contract Owner's Phone Number**
Contract Owner's Email Address	**Contract Owner's Mailing Address**

Section B: Your Beneficiary Designation – see last page for definitions and tips

**Denotes required information*

Beneficiary Type*	**Allocation***	**Beneficiary Full Name***	**Beneficiary SSN or Tax ID***
☐ Primary ☐ Secondary	☐ Split equally ☐ _____%	**Relationship to Insured*** (life policy) **or Annuitant*** (annuity)	**Beneficiary Birth Date*** *(mm/dd/yyyy)*
		Beneficiary Mailing Address *(address, city, state, ZIP)*	
		Beneficiary Phone	**Beneficiary Email**

Beneficiary Type*	**Allocation***	**Beneficiary Full Name***	**Beneficiary SSN or Tax ID***
☐ Primary ☐ Secondary	☐ Split equally ☐ _____%	**Relationship to Insured*** (life policy) **or Annuitant*** (annuity)	**Beneficiary Birth Date*** *(mm/dd/yyyy)*
		Beneficiary Mailing Address *(address, city, state, ZIP)*	
		Beneficiary Phone	**Beneficiary Email**

Beneficiary Type*	**Allocation***	**Beneficiary Full Name***	**Beneficiary SSN or Tax ID***
☐ Primary ☐ Secondary	☐ Split equally ☐ _____%	**Relationship to Insured*** (life policy) **or Annuitant*** (annuity)	**Beneficiary Birth Date*** *(mm/dd/yyyy)*
		Beneficiary Mailing Address *(address, city, state, ZIP)*	
		Beneficiary Phone	**Beneficiary Email**

Beneficiary Type*	Allocation*	Beneficiary Full Name*	Beneficiary SSN or Tax ID*
☐ Primary ☐ Secondary	☐ Split equally ☐ _____%	**Relationship to Insured*** (life policy) **or Annuitant*** (annuity)	**Beneficiary Birth Date*** *(mm/dd/yyyy)*
		Beneficiary Mailing Address *(address, city, state, ZIP)*	
		Beneficiary Phone	**Beneficiary Email**

Beneficiary Type*	Allocation*	Beneficiary Full Name*	Beneficiary SSN or Tax ID*
☐ Primary ☐ Secondary	☐ Split equally ☐ _____%	**Relationship to Insured*** (life policy) **or Annuitant*** (annuity)	**Beneficiary Birth Date*** *(mm/dd/yyyy)*
		Beneficiary Mailing Address *(address, city, state, ZIP)*	
		Beneficiary Phone	**Beneficiary Email**

Section D: Change Confirmation – Delivery Preference

Delivery instructions: I would like confirmation of this change, or any questions related to this requested change, sent to me as follows:

- ☐ Current **Address of Record** on file *[if no selection is made, this will be the default communication method]*
- ☐ **Update my Address of Record** to the address provided in **Section A**
- ☐ **Owner's Email** listed in **Section A**

Section E: Signature(s)

By signing this form, I agree to the request made on this form and authorize Federal Life Insurance Company to act on the instructions provided in this form. I have confirmed that all information provided is correct. I understand it is my responsibility to notify Federal Life Insurance Company of any future changes to my beneficiary designations.

▶ _____ _____ _____

Owner Signature *(electronic signatures not accepted)* | **Printed Name** | **Date**

▶ _____ _____ _____

Joint Owner or Spouse Signature* *(if applicable)* | **Printed Name** | **Date**

*Spouse's signature required in AZ, CA, ID, LA, NV, NM, TX, WA, WI

▶ _____ _____ _____

For Massachusetts Residents: Witness Signature** | **Printed Name** | **Date**

**MA state law requires the signature of the policy owner(s) to be witnessed by someone over the age of 18, not related to the policy owner(s), and not a named beneficiary.

How to submit completed forms

- **Mail (standard):** P.O. Box 147, Lincolnshire, IL 60069
- **Mail (overnight):** 1 Overlook Point, Suite 265, Lincolnshire, IL 60069
- **Fax:** 847-850-3304
- **Email:** service@federallife.com

Please note that we do not accept photos of completed forms. To submit by fax or email, please use a high-quality digital scan and include both Pages 1 & 2 in the same file.

For Company Use Only

Federal Life Insurance Company ("Company") acknowledges receipt of the enclosed change request and approves the requests of the Contract Owner.

Frequently Asked Questions & Tips for Success

1. **What information do I need to provide about my beneficiary(ies)?**
   - Beneficiary type (primary or secondary)*
   - Allocation amount (split equally or set percentage)*
   - Full name*
   - Relationship to insured (life policy) or annuitant (annuity)*
   - Social Security Number (SSN) or Tax ID*
   - Date of birth*
   - *Mailing address*
   - *Phone number*
   - *Email address*

   *Indicates **required** information. All other information is *optional* but providing these details can help us more easily locate beneficiaries and promptly pay claims.

2. **What are the different types of beneficiaries?**
   - **Primary beneficiary:** Individual(s) or entity(ies) who will receive a death benefit if the insured or annuitant dies.
   - **Secondary beneficiary:** If all primary beneficiary(ies) precede the insured or annuitant in death, these are the individual(s) or entity(ies) who will receive a death benefit if the insured or annuitant dies.

3. **What happens if all designated beneficiary(ies) precede the insured or annuitant in death?**

   By default, the estate of the insured (life policy) or annuitant (annuity) will be the contingent beneficiary. Court-issued estate paperwork, such as a Letters Testamentary or Letters of Administration, is required whenever an estate is named as a beneficiary. In some cases, we may accept a Small Estate Affidavit depending on statutory limits for the decedent's state of residence.

4. **What information is needed to name a trust as my beneficiary?**
   - Full name of the trust*
   - Date of the trust agreement*
   - Tax ID Number of the trust*
   - *Name of trustee(s) and contact information (provided on a separate piece of paper with the completed beneficiary form)*

   *Indicates **required** information. Names and contact info for the trustees are *optional* but can help us more easily locate beneficiaries and promptly pay claims. A copy of the trust agreement will be required at time of claim, along with any amendments after the date of the trust agreement listed on the beneficiary designation form.

5. **Can I name a minor as a beneficiary?**

   Yes. However, minors cannot directly receive payments until they have reached age of majority as defined by state law. Unless you specify a trust or name a custodian for the minor beneficiary under the Uniform Transfers to Minors Act (UTMA) or Uniform Gifts to Minors Act (UGMA), we will require a court appointed custodian or guardian for the estate of the minor to present a claim on behalf of the minor beneficiary. If you have questions regarding your options, you may wish to consult with a legal professional.

6. **What is a revocable vs. irrevocable beneficiary?**
   - **Revocable beneficiary:** A revocable beneficiary can be changed by the contract owner at any time.
   - **Irrevocable beneficiary:** An irrevocable beneficiary has vested interest in the death benefit and cannot be cancelled or changed without that beneficiary's written consent.

   All beneficiary designations are assumed to be revocable unless clearly marked as irrevocable on the beneficiary form. **To make a beneficiary designation irrevocable, write the word "irrevocable" under your Beneficiary Type selection (primary or secondary).**

Other tips
- Use the legal name of the individual or entity being named as a beneficiary.
- Double-check the beneficiary information for completeness and accuracy before submitting.
- Verify that all primary and secondary designations add up to 100% for each category.
- Ensure all required signatures from authorized individuals are completed.