



United Home Life Insurance Company  
 United Farm Family Life Insurance Company  
 225 South East Street, P.O. Box 7192  
 Indianapolis, Indiana 46207-7192  
 Phone: 800-428-3001 Fax: 317-692-8402



**Policy Request for Change of Beneficiary, Name & Address OR Request for Certificate of Insurance**

Insured \_\_\_\_\_ Policy No. \_\_\_\_\_

**BENEFICIARY CHANGES**

**IMPORTANT:** Completion of this Section voids all previous designations. We suggest you review all previous beneficiary designations each time a change is made in any beneficiary. **Any previously name beneficiary (primary or contingent) that is not to be changed must be restated on this form.** Our acceptance of a beneficiary change in no way implies that the change is in compliance with any rule, regulation, law or court order, including but not limited to ERISA requirements, and the Company disclaims any responsibility for the propriety of the change.

Will the Insured or Policy Owner receive any payment in connection with this Beneficiary Change?  Yes  No

This change applies to the base policy and any term riders covering the NAMED INSURED only. (Death proceeds will be payable to joint beneficiaries equally with rights of survivorship unless stated otherwise.) In the event none of the beneficiaries below are living to receive these proceeds, then the final beneficiary shall be the estate of the insured.

Primary Beneficiary Name(s):	Primary Beneficiary Social Security Number(s):	Primary Beneficiary Address(es)	Primary Beneficiary Relationship(s) to Insured:	Primary Beneficiary Percentage Distribution (optional):
Contingent Beneficiary Name(s):	Contingent Beneficiary Social Security Number(s):	Contingent Beneficiary Address(es)	Contingent Beneficiary Relationship(s) to Insured:	Contingent Beneficiary Percentage Distribution (optional):

**RELEASE OF INTEREST: Required Completion if the owner lives in a Community Property State.**

By: Spouse/Former Spouse in a Community Property State (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin) I (print full name) \_\_\_\_\_ spouse/former spouse of the owner of the above policy, hereby release all rights, title and interest which I may have in this policy now or in the future, by virtue of the Community Property Laws of the State of \_\_\_\_\_.

Signature (Spouse/Former Spouse) \_\_\_\_\_ Designate Relationship \_\_\_\_\_ Date \_\_\_\_\_

**NAME CHANGE**

Request for Name Change (THIS IS NOT AN OWNERSHIP CHANGE) If reason is other than marriage or divorce, a copy of the legal change document is required. Please change the name of the  Insured  Policyowner

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for name change: \_\_\_\_\_

**ADDRESS CHANGE**

<input type="checkbox"/> Change Insured's Address to:	Street Address _____	city _____	state _____	zip _____
<input type="checkbox"/> Change Owner's Address to:	Street Address _____	city _____	state _____	zip _____

**CERTIFICATE OF INSURANCE**

Certificate of Insurance is needed as the insured/owner is unable to locate their original policy.

If any owner lives in Massachusetts, the owner's signature must be witnessed by a disinterested person over age 18 who is not being named as a Beneficiary.

**ANY IRREVOCABLE BENEFICIARY WILL ALSO NEED TO SIGN BELOW!**

X \_\_\_\_\_ Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Irrevocable Beneficiary \_\_\_\_\_  
 \_\_\_\_\_ Owner's Social Security No. (TIN) \_\_\_\_\_ X \_\_\_\_\_ Signature of Witness (needed for Beneficiary Change only) \_\_\_\_\_  
 \_\_\_\_\_ Owner's Address \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Owner's City/State/Zip Code \_\_\_\_\_ X \_\_\_\_\_ Signature of Agent As Witness \_\_\_\_\_

**DO NOT SIGN OR WITNESS A BLANK FORM**

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**HOME OFFICE USE ONLY**

The foregoing request accepted on \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

By Secretary Justin B. Kellner \_\_\_\_\_ Authorized Company Representative