



# Beneficiary Designation

Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Certificate No.: \_\_\_\_\_ Client No.: \_\_\_\_\_

**PLEASE SEE INSTRUCTIONS ON REVERSE SIDE.**

***The total percentage allocated to Primary Beneficiaries must equal 100%.***

**Primary Beneficiary**

1. Print Full Name: \_\_\_\_\_ %  
First Middle Last Relationship to Owner

Address: \_\_\_\_\_  
Street City State ZIP

SSN: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Is the Primary Beneficiary irrevocable?**  Yes  No

2. Print Full Name: \_\_\_\_\_ %  
First Middle Last Relationship to Owner

Address: \_\_\_\_\_  
Street City State ZIP

SSN: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Is the Primary Beneficiary irrevocable?**  Yes  No

***The total percentage allocated to Contingent Beneficiaries must equal 100%.***

**Contingent Beneficiary**

1. Print Full Name: \_\_\_\_\_ %  
First Middle Last Relationship to Owner

Address: \_\_\_\_\_  
Street City State ZIP

SSN or Tax ID: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Is the Contingent Beneficiary irrevocable?**  Yes  No

2. Print Full Name: \_\_\_\_\_ %  
First Middle Last Relationship to Owner

Address: \_\_\_\_\_  
Street City State ZIP

SSN or Tax ID: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Is the Contingent Beneficiary irrevocable?**  Yes  No

It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the insured, but if none survives, proceeds will be paid in equal shares to any contingent beneficiaries who survive the insured. It is further understood and agreed that this Beneficiary Designation revokes any prior Beneficiary Designation(s).

Any beneficiary may be changed by written notice in a form satisfactory to the Company. The change will be made when this satisfactory notice is received and is effective the date it was signed. An irrevocable beneficiary may not be changed without the signed consent of the individual named as the irrevocable beneficiary. The Company's liability under the policy will be satisfied to the extent of any payment it makes according to the last beneficiary designation received and accepted by the Company.

**EXECUTED AT** \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
City State

\_\_\_\_\_  
Signature of Insured: (Owner if other than Insured) Current Address Phone

\_\_\_\_\_  
Signature of Insured's or Owner's Spouse:

\_\_\_\_\_  
Signature of Witness Current Address Phone

**Complete and return this form to Fidelity Security Life Insurance Company®, Attention: Policy Service, 3130 Broadway, Kansas City, MO 64111**

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**For Home Office Use Only**

The above Change of Beneficiary is accepted and recorded by Fidelity Security Life Insurance Company this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Recorded by: \_\_\_\_\_ Representing \_\_\_\_\_  
Insurer

**INSTRUCTIONS**

1. This form must be fully completed, dated, and properly signed.
2. All required fields must be completed legibly, and any corrections or erasures must be initialed by the Owner or you may request a new Form.
3. A beneficiary may be an individual, institution, estate, or trust.
4. All signatures should be written exactly as the name is given in the policy, certificate or assignment. If an insured has a name change due to marriage, then an insured should sign both the former and present name.
5. This form must be submitted to the Company or representative and is not valid unless signed by an authorized Company representative. One copy of this form will be returned for attachment to your policy.
6. Unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survived the insured. Please indicate a percentage of the proceeds when designating all beneficiaries.
7. In naming a beneficiary, word the designation carefully. The suggested examples (enclosed) represent the most common changes and can be used where applicable.
8. If additional space is needed to name additional primary or contingent beneficiaries, attach a separate sheet of paper with the name of the owner, the name of the insured, policy number, certificate number, and client number at the top of the page.
9. Contingent beneficiaries: The interest of any beneficiary who dies before the insured shall terminate at the death of that beneficiary. If the interest of all designated beneficiaries has terminated, any proceeds payable at the insured's death shall then be paid in accordance with the provisions of the policy.
10. Irrevocable beneficiary: You will need to check either "Yes" or "No" to indicate whether or not the Primary and Contingent Beneficiary, if applicable, is/are irrevocable. NOTE: When a beneficiary is named as irrevocable, you will not be able to make a change to the beneficiary designation in the future without the signed consent of the individual named as an irrevocable beneficiary.
11. **Community Property States:** If the policy was issued in one of the following Community Property States, the spouse at the time of issue, if any, must also execute this form: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin. In the case of divorce, you will need to submit a copy of your divorce decree or a notarized Spousal Waiver Form signed by your former spouse. Otherwise, your former spouse will need to sign the change form.
12. If the policy owner currently resides in a Community Property State, the owner's current spouse must execute this form. In the case of a Qualified Domestic Relations Order (QDRO), additional documentation may be required. In the case of a deceased spouse, a copy of the certified death certificate must be submitted. Please consult a legal and/or tax professional regarding the applicability of the applicable State's community property laws to registered domestic partners or common law marriages.

## ILLUSTRATIVE BENEFICIARY DESIGNATIONS

THE FOLLOWING EXAMPLES DO NOT CONSTITUTE LEGAL ADVICE TO YOU CONCERNING BENEFICIARY DESIGNATIONS. THE SUGGESTED WORDINGS ARE PROVIDED AS ILLUSTRATIONS ONLY. YOU MAY NEED TO CONSULT LEGAL COUNSEL IN YOUR STATE IF YOU HAVE ANY QUESTIONS CONCERNING THE PAYMENT OF DEATH BENEFITS.

**1. One beneficiary:**

- a. Elizabeth Jane Doe, (wife/husband) of the insured.
- b. Jan Doe, child of the Insured.

**2. One beneficiary - two or more contingent beneficiaries:**

Elizabeth Jane Doe, (wife/husband) of the Insured, if living, otherwise to Jan Doe and Larry Doe, children of the Insured, equally to the survivors or to the survivor.

**3. Per Stirpes:**

Elizabeth Jane Doe, (wife/husband) of the Insured, if living, otherwise to Jan Doe, Sue Doe and Larry Doe, children of the Insured, equally, per stirpes.

Note: "Equally per stirpes" means that should one child predecease you, their share of the Death Benefit would go to their children.

**4. Beneficiary-named and unnamed children contingent beneficiaries:**

Elizabeth Jane Doe, (wife/husband) of the Insured, if living, otherwise to Jan Doe, Sue Doe and Larry Doe and any other children of the Insured by said (wife/husband), equally to the survivors or to the survivor.

**5. Beneficiary-unborn children contingent beneficiaries:**

Elizabeth Jane Doe, (wife/husband) of the Insured, if living, otherwise to the children born of the marriage of the Insured and said (wife/husband), equally to the survivors or to the survivor.

**6. One beneficiary - one contingent beneficiary:**

- a. Elizabeth Jane Doe (wife/husband) of the Insured if living, otherwise to Sarah Doe, mother of the Insured.
- b. Elizabeth Jane Doe, (wife/husband) of the Insured, if living, otherwise to Jan Doe, daughter of the Insured.

**7. Two beneficiaries:**

Joe Doe and Sarah Doe, parents of the Insured, equally or to the survivor.

**8. Two beneficiaries - one contingent beneficiary:**

Joe Doe and Sarah Doe, parents of the Insured, equally or to the survivor or, if there be no survivor, to Jan Doe, daughter of the Insured.

**9. One beneficiary - three or more contingent beneficiaries, minor's share, if any, payable to trustee:**

Elizabeth Jane Doe, (wife/husband) of Insured, if living, otherwise, Jan Doe, Sue Doe, and Larry Doe, children of Insured, equally to the survivors or to the survivor.

The proceeds, if any, payable to a beneficiary hereunder during his or her minority, in lieu of being paid to him or her, shall be paid to Joe Doe, father of Insured, if living, as Trustee for said minor beneficiary, and any payment to a Trustee in this manner shall fully and finally discharge the Company from all liability hereunder to the extent of such payment.

**10. Three or more beneficiaries:**

Jan Doe, Larry Doe, and Sue Doe, children of the Insured, equally to the survivors or the survivor.

**11. Creditor beneficiary:**

ABC Bank, 100 Main St., USA 64100, creditor of the Insured, as its interest may appear, balance, if any to Elizabeth Jane Doe, (wife/husband) of the Insured.

**12. Trustee beneficiary:**

- a. First National Bank of 200 Main St., USA 64000, as Trustee, or its successors in Trust, under Trust Agreement dated January 1, 1990, payment to said Trustee to fully and finally discharge the Company from all liability hereunder to the extent of such payment.
- b. Testamentary Trust created by the instrument admitted to probate as the Last Will and Testament of the Insured. The funds shall be paid to the trustee, or successor trustee, named in that trust.

**13. Business/Partnership:**

- a. Doe and Jones Company, business.
- b. Jack Jones, business partner of the Insured.