



## Change of Beneficiary and/or Name Form

Name of Insured \_\_\_\_\_  
Last First MI

Policyholder Name \_\_\_\_\_

### Beneficiary Change

I hereby direct that the beneficiary changes noted below be applied to the following coverages:

- |  |   |
|--|---|
| <input type="checkbox"/> Group Short Term Disability Policy No. _____    | <input type="checkbox"/> Group Travel Accident Policy No. _____ |
| <input type="checkbox"/> Group Long Term Disability Policy No. _____     | <input type="checkbox"/> Group Term Life/AD&D Policy No. _____  |
| <input type="checkbox"/> Voluntary Long Term Disability Policy No. _____ | <input type="checkbox"/> Voluntary Term Life Policy No. _____   |
| <input type="checkbox"/> Voluntary AD&D Policy No. _____                 |   |

**Name of Primary Beneficiary** \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

**Name of Contingent Beneficiary** \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

You may have the right to change your designated beneficiary. \*\*The written consent is needed of: 1) your spouse if you are a resident of AZ, CA, ID, LA, NV, NM, TX, WA or WI and you name someone other than your spouse as beneficiary; and 2) any irrevocable beneficiary.

If more than one beneficiary is designated, payment of the death benefit will be made in equal shares to each of the beneficiaries who survive you, unless otherwise provided herein.

If none of Your designated beneficiaries survives You, payment will be made in accordance with the terms of the Policy.

### Name Change

Change Name of:  Insured  Beneficiary  Contingent Beneficiary

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

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

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*\* Signature of Spouse or Irrevocable Beneficiary

\_\_\_\_\_  
Date

\* The underwriting company will be CNA Group Life Assurance Company. If CNA Group Life Assurance Company is not authorized to issue coverage in connection with the above policy, then coverage will be provided by Continental Casualty Company or Continental Assurance Company. PacifiCare is a registered service mark, trade name, and domain name of PacifiCare Health Systems, Inc, and does not underwrite this coverage.

\*\*The written consent is needed of: 1) your spouse if you are a resident of AZ, CA, ID, LA, NV, NM, TX, WA or WI and you name someone other than your spouse as beneficiary; and 2) any irrevocable beneficiary.