

**The United States Life Insurance Company in the City of New York**

New York, New York  
Administrative Office: P.O. Box 30066, Tampa, FL 33630-3066  
Phone: 1-877-672-1648 Fax: 1-877-672-1650

**Request For Change of Beneficiary**

Group Policy Number: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

In accordance to the terms of the above policy, request is made for Change of Beneficiary to:  
(Indicate Full Name and Relationship - Example: Jane Doe, Wife, Not Mrs. John Doe.)

\_\_\_\_\_

if surviving the Insured. Unless otherwise provided herein, if more than one beneficiary is named, payment shall be made in equal shares to the beneficiaries who survive the Insured; if no beneficiary survives the Insured, payment shall be made in accordance with the terms of the policy. The right to further change the beneficiary is reserved without the consent of the beneficiary.

Address of Beneficiary, if different from the Insured's: \_\_\_\_\_

Note: This form must be signed by the Insured or Owner and the Beneficiary if the right to change the Beneficiary has not been reserved.

**Request for Change in Name**

The name of the Insured has been changed for the reason shown.

Marriage  By Court Order  Divorce and Resumption of Former Name  Name Incorrect on Certificate

FORMER NAME WAS: \_\_\_\_\_

PRESENT NAME IS: \_\_\_\_\_

Date of Qualifying Event \_\_\_\_\_

**IN EACH CASE: COMPLETE THE FOLLOWING SECTION**

Insured's Signature: \_\_\_\_\_ City/State \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ City/State \_\_\_\_\_ Date: \_\_\_\_\_  
(SOMEONE OTHER THAN BENEFICIARY)

**PLEASE RETAIN A COPY FOR YOUR RECORDS.**