



# Change of Beneficiary Form

PO Box 341899  
Austin, TX 78734

POLICY NO.: \_\_\_\_\_

INSURED: \_\_\_\_\_

When signed and returned by **Texas Service Life Insurance Company**, attach this information to your policy and store with your other important papers.

I hereby revoke all previous beneficiary designations and elect to change the beneficiary of the above referenced policy(s) to:

PRIMARY BENEFICIARY: \_\_\_\_\_

CONTINGENT BENEFICIARY: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I understand that the requested change will not become effective until the request is received, approved and recorded at the offices of TEXAS SERVICE LIFE INSURANCE COMPANY.

\_\_\_\_\_  
**POLICY OWNER SIGNATURE**

DATED THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**WITNESS SIGNATURE**

**For Company Use ONLY**

RECORDED by **TEXAS SERVICE LIFE INSURANCE COMPANY** on: \_\_\_\_/\_\_\_\_/\_\_\_\_

BY: \_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE