



PO Box 341899
Austin, TX 78734

Change of Beneficiary Form

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