



CHANGE OF BENEFICIARY

Policy #: _____ Date: ____/____/____

Owner's Information

Full Name: _____ Phone # (____)____-____

Address: _____

City: _____ State: _____ Zip: _____

D.O.B: ____/____/____ Email: _____

Social Security/ Tax Id #: _____

This is my permanent address – please update in your records

Insured's Information

If different than owner

Full Name: _____ Phone # (____)____-____-____

Address: _____

City: _____ State: _____ Zip: _____

D.O.B: ____/____/____ Email: _____

Social Security/ Tax Id #: _____

This is my permanent address – please update in your records

PRIMARY BENEFICIARIES

Full Name	_____ ____/____/____	D.O.B.	____/____/____	Social Security/Tax ID#	_____
Address	City, State		Zip Code		
Relationship	Amount – Dollars/Percent				

Full Name	_____ ____/____/____	D.O.B.	____/____/____	Social Security/Tax ID#	_____
Address	City, State		Zip Code		
Relationship	Amount – Dollars/Percent				

****Space for additional primary beneficiaries and contingent beneficiaries on next page****

PRIMARY BENEFICIARIES, con't.

Full Name	D.O.B. / /	Social Security/Tax ID#
Address	City, State	Zip Code
Relationship	Amount – Dollars/Percent	

CONTINGENT BENEFICIARIES

Full Name	D.O.B. / /	Social Security/Tax ID#
Address	City, State	Zip Code
Relationship	Amount – Dollars/Percent	

Full Name	D.O.B. / /	Social Security/Tax ID#
Address	City, State	Zip Code
Relationship	Amount – Dollars/Percent	

Full Name	D.O.B. / /	Social Security/Tax ID#
Address	City, State	Zip Code
Relationship	Amount – Dollars/Percent	

My signature indicates my authorization to update my beneficiary information as indicated on this form.

Certificate Owner's Name (Please Print)

Certificate Owner's Signature

Witness's Name* (Please Print)
*Someone other than beneficiary

Witness's Signature *REQUIRED*

Notary Section – Complete Only if Required by KSKJ Life

If required, notarize here.
When using an embossed seal, please shade with a pencil before faxing.

Certificate Owner's Signature

Notary Public Signature

Date

My Commission Expires