

UNIVERSAL REQUEST FOR CHANGE FORM



AFBA • P.O. Box 500, Verona, VA 24482 • 1-800-462-7441 • www.afba.com

Date Received

Only complete the section you wish to change. Complete a separate form for each life insurance account except for sections 2 & 3.

Account Number	Product Type	Insured	Owner (If other than insured)
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1. CHANGE OF BENEFICIARY (Please see instructions on pages 3 and 4)

I hereby revoke any previous designation of beneficiaries and request that the life insurance benefit payable at my death be paid in accordance with the designations below. If more than one beneficiary is designated in the same beneficiary class, payment shall be made in equal shares to the designated beneficiaries unless otherwise provided herein. We must be informed of any legal restrictions affecting your beneficiary designations. **Note:** To comply with the laws of your state, beneficiary changes on 5Star Life Insurance Company ("5Star Life") forms, and not those changes contained in an insured's will or trust shall govern in cases of change. **Subject to the law of your state.** Beneficiary changes arising from a divorce are not binding on 5Star Life unless made in the above prescribed manner or referenced in a court order filed with 5Star Life prior to the death of the insured. If more space is needed for beneficiary designations, please add a separate signed and dated sheet.

PRIMARY BENEFICIARY(IES) CLASS

Full given name (First, Middle, Last) _____ Percentage _____

SSN _____ - _____ - _____ Relationship _____ Date of Birth ____/____/____ Sex _____

Email _____ Phone Number _____ - _____ - _____

Complete Address (including Zip Code) _____

Full given name (First, Middle, Last) _____ Percentage _____

SSN _____ - _____ - _____ Relationship _____ Date of Birth ____/____/____ Sex _____

Email _____ Phone Number _____ - _____ - _____

Complete Address (including Zip Code) _____

SECONDARY (OR CONTINGENT) BENEFICIARY(IES) CLASS

Full given name (First, Middle, Last) _____ Percentage _____

SSN _____ - _____ - _____ Relationship _____ Date of Birth ____/____/____ Sex _____

Email _____ Phone Number _____ - _____ - _____

Complete Address (including Zip Code) _____

Full given name (First, Middle, Last) _____ Percentage _____

SSN _____ - _____ - _____ Relationship _____ Date of Birth ____/____/____ Sex _____

Email _____ Phone Number _____ - _____ - _____

Complete Address (including Zip Code) _____

Signature of Owner _____ Date ____/____/____

Please Note: The CURRENT owner MUST sign above to request this beneficiary change.

The current owner's spouse must also sign if current owner lives in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, & WI).