GTL | GUARANTEE TRUST LIFE

1275 Milwaukee Ave Glenview, IL 60025

POLICY SERVICE FORM – BENEFICIARY

PLEASE PRINT

Date: _____

Insured: _____ Policy No.: _____

Owner: _____

Owner's Phone Number: (____)_____

Mailing Address of Owner: _____
Number and Street

_____
City State Zip Code

❑ **Check box if this is a new address.** Email Address:_____

1) Complete this section to add or change a Beneficiary – I understand that with this change I will terminate all previous beneficiary selections for this policy. The beneficiary selection will be as shown below. You may name more than one Beneficiary.

Primary Beneficiary

1. _____ _____
Full Name Address

1. _____ _____ _____ _____
Relationship to Insured Date of Birth % of proceeds Social Security No.

2. _____ _____
Full Name Address

2. _____ _____ _____ _____
Relationship to Insured Date of Birth % of proceeds Social Security No.

Contingent Beneficiary: (You may name a contingent who would collect the policy benefits if the primary beneficiary (s) was not living at the time of the insured's death.)

1. _____ _____
Full Name Address

1. _____ _____ _____ _____
Relationship to Insured Date of Birth % of proceeds Social Security No.

2. _____ _____
Full Name Address

2. _____ _____ _____ _____
Relationship to Insured Date of Birth % of proceeds Social Security No.

Note: If two or more beneficiaries are named above (Primary or Contingent) all surviving beneficiaries will SHARE equally in any payments due, unless the % of proceeds is shown.

* You have the option to designate your Primary Beneficiary as an Irrevocable Beneficiary. This means the Beneficiary designation could not be changed without Beneficiary's signature.

2) This section must be signed by the Policy Owner in order to process your request.
I agree this form is a request and authorization to change my current policy record.

Date: _____

Owner's signature: _____