



Post Office Box 4608 • Cleveland, Tennessee 37320-4608  
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### CHANGE OF BENEFICIARY REQUEST FORM

BEN201

PERSONAL INFORMATION:  Reverend  Dr.  Mr.  Mrs.  Ms.

Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Member/Ministerial File No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ U. S. Citizen:  Yes  No

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone No.: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_@\_\_\_\_\_

Marital Status:  Married  Single Gender:  Male  Female

**I DESIGNATE THE FOLLOWING AS MY PRIMARY BENEFICIARY:(Must be spouse if married unless waiver filed):**

Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_

**I DESIGNATE THE FOLLOWING SECONDARY BENEFICIARY(IES) FOR ANY PROCEEDS PAYABLE UPON MY DEATH:**

Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Share \_\_\_\_\_%

Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Share \_\_\_\_\_%

Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Share \_\_\_\_\_%

Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Share \_\_\_\_\_%

Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Share \_\_\_\_\_%

Name: First: \_\_\_\_\_ MI: \_\_\_\_ Last: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Share \_\_\_\_\_%

**Please Check One:**

If a secondary beneficiary fails to survive me,  his or her share shall go to my other secondary beneficiaries in equal share  
**OR**  his or her share shall be divided among the deceased beneficiary's heirs by right of representation.

(For additional beneficiaries, please attach a paper with full name, address, social security number, share amount, and relationship of each.)

Signature \_\_\_\_\_

Date \_\_\_\_\_