



Mercer Health & Benefits
 Insurance Services LLC
 12421 Meredith Drive
 Urbandale, IA 50398

REQUEST FOR CHANGE OF BENEFICIARY

IMPORTANT: PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING!

NOTICE TO THE INSURED MEMBER: This form may be declared void and of no effect if it is incomplete in an unsatisfactory manner. No change of beneficiary takes effect unless there is a right to change, nor unless the insurance is in force on the date of this instrument.

Insured Member:
 Association:
 Group Policy Number:
 Certificate Number:
 Insurer:

For Office Use Only

Acknowledged and Recorded

On _____, 20____

By _____

Subject to the terms of the group policy and the further terms of this instrument, I hereby revoke all previous beneficiary designation applicable to all or any part of the insurance on the life of the Insured Member thereunder and direct that the entire proceeds applicable upon the death of such member be paid in sum, unless otherwise herein provided, to:

Primary Beneficiary—To receive proceeds if living at Insured Member’s death.

 Name, Date of Birth and Relationship of each to the Insured Member

Contingent Beneficiary—To receive proceeds if living at Insured Member’s death, if primary beneficiary(ies) is not then living.

 Name, Date of Birth and Relationship of each to the Insured Member

PROVISIONS

Unless otherwise agreed herein, I expressly reserve the right to change the beneficiary designation above, without the consent of the beneficiary(ies).

If any trustee is designated above, the insurer shall not be obligated to inquire into the terms of the trust and will be fully discharged from all liability after payment of the death proceeds as provided under the policy.

AGREEMENTS

The insurance under the group policy is subject in every respect to the terms thereof, and any acknowledgement of this document by the Administrator or Insurer does not constitute an admission that any insurance is in force on the life of the above-named member.

Dated at _____, on _____

City State Month Day Year

 Signature of Insured Member or, if Applicable, Assignee

 Signature of Witness other than beneficiary (In whose presence signed)

 Signature of Witness other than beneficiary (In whose presence signed)