



**INDIVIDUAL TERM LIFE INSURANCE
CHANGE FORM**

INSURED'S NAME	SOCIAL SECURITY NO.
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PRESENT ADDRESS (No., Street, City, State, Zip Code)

BENEFICIARY CHANGE REQUEST: **Effective Date:** _____

PRIMARY BENEFICIARY NAME (IF MORE THAN ONE, LIST SEPARATELY)	%	SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS	CITY	STATE / ZIP	RELATIONSHIP
CONTINGENT BENEFICIARY NAME (IF MORE THAN ONE, LIST SEPARATELY)	%	SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS	CITY	STATE / ZIP	RELATIONSHIP

PLEASE NOTE: A LEGAL GUARDIAN IS REQUIRED FOR PAYMENT OF PROCEEDS IF THE NAMED BENEFICIARY IS LESS THAN 18 YEARS OF AGE.

Signature	Date
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CANCELLATION REQUEST: **Effective Date:** _____

- Policy enclosed**
- Policy lost or destroyed**
- Other (Please explain)** _____

I wish to cancel my Individual Term Life Insurance Policy. Policy to be surrendered.

Signature	Date
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FOR CPIC USE ONLY:	DATE RECEIVED
RECEIVED BY CPIC (Signature of Receiver):	

MAIL WHITE COPY TO:
CPIC LIFE INSURANCE
P.O. BOX 3007
LODI, CA 95241-1911

INSTRUCTIONS FOR COMPLETING BENEFICIARY CHANGE REQUEST

- If the named beneficiary is a minor at the time of payment, a court appointed legal guardian of the minor child's estate may be required for payment of proceeds.
 - If more than one primary or contingent beneficiary is named, if they are not to share equally, be sure to show percentages, or fraction, not dollar amounts for each.* If the beneficiary is a trust, please request a "Designation of Trust as Beneficiary" form.
 - **For Individual Policy Holders:** Send white copy of form to CPIC Life, P.O. Box 3007, Lodi, California 95241-1911. Retain yellow copy for your records.
 - DO NOT FORGET to SIGN and DATE document.
- * If three or more beneficiaries are to share equally, state "In equal shares, or in equal share to the survivors, or all to the survivor".