



# Request for Change of Beneficiary or Name

## NAMING THE BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary (ies) please indicate their full name, social security number and relationship. If the beneficiary is not related either by blood or marriage, insert the words "Not Related."

### REQUEST FOR CHANGE OF BENEFICIARY OR NAME

#### A. Change of Beneficiary. By this request I revoke all prior beneficiary designations.

##### PRIMARY BENEFICIARY(IES)

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
MM / DD / YYYY

BENEFIT PERCENT \_\_\_\_\_ % RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
MM / DD / YYYY

BENEFIT PERCENT \_\_\_\_\_ % RELATIONSHIP \_\_\_\_\_

##### CONTINGENT

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
MM / DD / YYYY

BENEFIT PERCENT \_\_\_\_\_ % RELATIONSHIP \_\_\_\_\_

#### B. Change my name.

##### CONTINGENT

FROM \_\_\_\_\_  
LAST FIRST MIDDLE

TO \_\_\_\_\_  
LAST FIRST MIDDLE

BECAUSE OF  MARRIAGE  COURT ORDER \_\_\_\_\_  
MM / DD / YYYY (DATE OF COURT ORDER)

PRINT INSURED'S NAME (REQUIRED) \_\_\_\_\_ INSURED'S SOCIAL SECURITY NUMBER \_\_\_\_\_

INSURED'S SIGNATURE (REQUIRED) \_\_\_\_\_ MM / DD / YYYY

#### OFFICE USE ONLY

Term Life Plan  
Policy: AGL-1566

**Membership Services Department**  
PGA of America  
PO Box 109601  
Palm Beach Gardens, FL 33410-9601  
Phone 1-800-474-2776 / Fax (561) 624-8439

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