

**BENEFICIARY CHANGE FORM**  
and  
**ADDRESS CHANGE FORM**

**COMPLETE AND RETURN TO:**  
Selman & Company  
6110 Parkland Boulevard  
Cleveland, OH 44124



Name of Insured or Insured Member	Policy Number	Certificate Number or Identification Number
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Please make the benefits payable at the death of the above-named Insured or Insured Member to the beneficiary(ies) named below.

All previous designations on record with the Company under the above-referenced Policy/Certificate are hereby cancelled. If two or more beneficiaries are named, each surviving beneficiary is to share equally unless otherwise stated by me. **PLEASE PRINT ALL INFORMATION AND SEE BACK OF THIS FORM FOR INSTRUCTIONS.**

**Section 1: Primary Beneficiary(ies)**

Name of Primary Beneficiary(ies)	Address of Primary Beneficiary(ies)	Date of Birth	Relationship to Insured or Insured Member	Percentage Allocation

**Section 2: Contingent Beneficiary(ies)**

Name of Contingent Beneficiary(ies)	Address of Contingent Beneficiary(ies)	Date of Birth	Relationship to Insured or Insured Member	Percentage Allocation

**Section 3:**

Signature of Insured/Member  <b>X</b> _____ Date: _____  Print name:	Signature of Witness (Other than Insured or Beneficiary)  <b>X</b> _____ Date: _____  Print name:
Signature of Spouse (If spousal consent is required in your state, please have spouse sign & date)  <b>X</b> _____ Date: _____  Print name:	Signature of Witness (Other than Insured or Beneficiary)  <b>X</b> _____ Date: _____  Print name:
Signature of Owner if other than the Insured  <b>X</b> _____ Date: _____  Print name:	Signature of Witness (Other than Owner, Insured or Beneficiary)  <b>X</b> _____ Date: _____  Print name:

**Section 4:**

(Do not write below this line - Monumental Life Insurance Company use only)  
Accepted and recorded by the Company at its Home Office or its authorized agent:

Date accepted and recorded:	Accepted and recorded by:
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**Note: Please see reverse side for Beneficiary Change Instructions and Change of Address Section.**

# BENEFICIARY CHANGE INSTRUCTIONS

**Please read ALL instructions carefully.**

**1. Naming your Beneficiary:**

\*Give complete name, address, date of birth, relationship, and % allocation for each Primary and Contingent Beneficiary.

\*For wife, give complete name, for example Joan Johnson, not Mrs. Johnson.

\*For a trust beneficiary, give name(s) of trustee(s), and the date of the trust document.

**(a) Primary Beneficiary(ies) (Section 1):**

\*Death proceeds are payable to the Primary Beneficiary(ies), if living.

\*Please complete by printing all requested information for each Primary Beneficiary (you may name more than one Primary Beneficiary).

\*If more than one Primary Beneficiary is named, please indicate the % to go to each. Otherwise proceeds will be paid equally.

**(b) Contingent Beneficiary(ies) (Section 2):**

\*If no Primary Beneficiary(ies) is living upon your death, proceeds go to the Contingent Beneficiary(ies).

\*Please complete by printing all requested information for each Contingent Beneficiary (you may name more than one Contingent Beneficiary).

\*If more than one Contingent Beneficiary is named, please indicate the % to go to each. Otherwise proceeds will be paid equally.

**2. Company Section (Section 4)**

\*Do not write in this Section. For Company use only.

We will mail you a copy of this form once it has been validated.

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## ADDRESS CHANGE

**Please change my address as indicated below:**

Full Name (please print)		Insured ID #	
<b>(From) OLD ADDRESS</b>		<b>(To) NEW ADDRESS</b>	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	

**X** \_\_\_\_\_ **Date** \_\_\_\_\_  
 Signature of Primary Insured