

**AMERICAN HERITAGE LIFE INSURANCE COMPANY (AHL)**

1776 American Heritage Life Drive

Jacksonville, FL 32224

Phone: 1-800-521-3535 Fax: 866-428-2517

www.allstatebenefits.com/mybenefits

**Change of
Beneficiary Request**

Owner Name _____ Coverage No. _____

The American Heritage Life Insurance Company (hereinafter called the Company) is hereby requested to revoke all prior beneficiary designations and optional methods of settlement, if any, and change the beneficiary of said policy/certificate as follows (See instructions).

PLEASE READ AND SIGN THE CONSENT ON PAGE 2.**Provide primary beneficiary information:****Total of proceeds must equal 100%****1. Primary Beneficiary Name** (*Last, First, M.I.*) _____ Relationship _____ **Proceeds %** _____Residence Address _____ Social Security No./TIN (*Optional*) _____City, State, Zip _____ Phone No. _____ Birth Date/Trust Date (*Optional*) _____**2. Primary Beneficiary Name** (*Last, First, M.I.*) _____ Relationship _____ **Proceeds %** _____Residence Address _____ Social Security No./TIN (*Optional*) _____City, State, Zip _____ Phone No. _____ Birth Date/Trust Date (*Optional*) _____**3. Primary Beneficiary Name** (*Last, First, M.I.*) _____ Relationship _____ **Proceeds %** _____Residence Address _____ Social Security No./TIN (*Optional*) _____City, State, Zip _____ Phone No. _____ Birth Date/Trust Date (*Optional*) _____**4. Primary Beneficiary Name** (*Last, First, M.I.*) _____ Relationship _____ **Proceeds %** _____Residence Address _____ Social Security No./TIN (*Optional*) _____City, State, Zip _____ Phone No. _____ Birth Date/Trust Date (*Optional*) _____**Primary Beneficiary Proceeds Total (Must equal 100%)** 0**Provide contingent beneficiary information:****Total of proceeds must equal 100%****1. Contingent Beneficiary Name** (*Last, First, M.I.*) _____ Relationship _____ **Proceeds %** _____Residence Address _____ Social Security No./TIN (*Optional*) _____City, State, Zip _____ Phone No. _____ Birth Date/Trust Date (*Optional*) _____**2. Contingent Beneficiary Name** (*Last, First, M.I.*) _____ Relationship _____ **Proceeds %** _____Residence Address _____ Social Security No./TIN (*Optional*) _____City, State, Zip _____ Phone No. _____ Birth Date/Trust Date (*Optional*) _____**3. Contingent Beneficiary Name** (*Last, First, M.I.*) _____ Relationship _____ **Proceeds %** _____Residence Address _____ Social Security No./TIN (*Optional*) _____City, State, Zip _____ Phone No. _____ Birth Date/Trust Date (*Optional*) _____**4. Contingent Beneficiary Name** (*Last, First, M.I.*) _____ Relationship _____ **Proceeds %** _____Residence Address _____ Social Security No./TIN (*Optional*) _____City, State, Zip _____ Phone No. _____ Birth Date/Trust Date (*Optional*) _____**Contingent Beneficiary Proceeds Total (Must equal 100%)** 0

Owner initial: _____ Date: _____

Owner Name _____

Coverage No. _____

Custodian under the Uniform Transfers or the Uniform Gifts to Minors Act (UTMA or UGMA) acting for Minor Beneficiary.

Custodian Name _____ as custodian for **Name of Minor** _____ under the **State** of _____ UTMA/UGMA

Custodian Residence _____ City, State, _____ Phone _____
Address _____ Zip _____ No. _____ SSN _____

Read and sign consent:

Unless otherwise provided herein, the proceeds shall be paid in a lump sum to the Primary Beneficiary, if living; otherwise to the Contingent Beneficiary, if living; otherwise as provided in the policy/certificate. If there is more than one beneficiary designated either by name or class of the same rank (Primary or Contingent), payment shall be made in equal shares to all beneficiaries of such rank who survive the insured, unless otherwise provided herein. All references to "Beneficiary" herein shall apply to all beneficiaries of the same rank when there is more than one.

If this Request shall make any provision for children of any person as a class, use of the phrase shall "Lawful Children" of that person, shall include any legally adopted child, except as the term "child" or "children" shall be otherwise specifically defined in the Request.

The Company, in determining the persons comprising any class designated as beneficiary hereunder, or any facts relating to any person or beneficiary mentioned herein either as a class or otherwise, may rely solely upon proof by affidavit or other payment, be a valid discharge of the Company's obligation under this policy/certificate.

I hereby request that any provisions of said policy/certificate requiring that it be submitted to the Company for endorsement of change of beneficiary thereon be waived.

This change of beneficiary shall be valid only when recorded by the Company at its Home Office, but when so recorded shall take effect as of the date signed by the owner, without prejudice to the Company on account of any payment made or other action taken by the Company before such recording.

I make this change in accordance with the provisions of said policy/certificate and subject to the above conditions as well as any existing assignment; and, unless otherwise provided by me in this Request, I expressly reserve the right to again change the beneficiary at any time I may elect.

This form must be completed and forwarded to the Company. A copy, bearing date recorded and signed by the Secretary of the Company, will be returned to you. It should be filed with the policy/certificate as evidence of the change of beneficiary.

Dated at _____ in the month of _____ on this _____ day of 20 _____

I/We hereby consent to the foregoing

Owner Signature _____

Joint Owner Signature _____

Witness (Required for Massachusetts) _____

Home office use only

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Date Recorded _____ By (Secretary) _____

INSTRUCTIONS

Things to know before you begin:

- Only the Owner of the insurance policy is authorized to change Beneficiaries. If there is more than one Owner, all Owners must sign.
- All Beneficiary designations are revocable unless otherwise designated.
- You may name any person, trust, or entity as a Beneficiary. This includes a charity or your estate.
- It is important that you fully complete the Primary Beneficiary section of this form, even if you are not making any changes to a prior Primary Beneficiary designation. This information is requested to assist us in identifying and contacting your Beneficiary(ies) in the event of a claim, and ensure benefits are paid out appropriately. State law may require benefits be paid to the State if the Beneficiary cannot be located in a timely manner.
- If you wish to designate a trust as your Beneficiary, you must provide the trust's name and address, as well as at least one trustee's name and current address. You are not required to provide a TIN or an established date for your trust in order to complete the Beneficiary designation; however, this information will be required at the time of disbursement.
- If you wish to confirm your coverage number, you may log on the MyBenefits website -www.allstatebenefits.com/mybenefits - to view the number for each policy/certificate of which you are the Owner.
- The Company may rely upon written evidence in its discretion to determine the identity, date of birth, name, address or other facts concerning a Beneficiary or Owner.

- The Company is authorized to consider a fax or a photocopy of this signed form as valid as the original signed form.
- If you have multiple policies/certificates for which you wish to designate the same Beneficiary(ies), you may list more than one coverage number on the same Change of Beneficiary Request form.
- The Company cannot accept a form which has been altered, or on which there has been an erasure, unless the alteration or erasure is initialed by the Owner.
- Use of specific dollar amounts is not permitted. Instead, please designate a percent in the "% of proceeds" column. Percentage totals must equal 100 percent.
- If you wish to designate more than three Primary or Contingent Beneficiaries, please write "See Addendum" at the bottom of the Change of Beneficiary Request form and attach a signed and dated document listing additional Beneficiaries, including all details as indicated in Beneficiary designation section.
- Please allow 10-15 business days for your update to be processed. Once the change of Beneficiary has been recorded and signed by the Secretary of the Company, it will take effect as of the date the form was signed by the Owner. A copy, bearing the date recorded, will be returned to you.

Beneficiaries

- **Minor Beneficiaries:** Having a minor Beneficiary can be problematic if the insured dies before the minor reaches the age of majority, since a benefit cannot be paid directly to a minor. In such a situation, the Company will hold the benefit until either: (a) the minor reaches majority, at which time the Company will pay him or her directly; or (b) the Company is provided with court certified guardianship or conservatorship papers for the minor, at which time the Company will pay the guardian or conservator.
- Alternatively, you should consult an attorney with whom you may consider the following options:
 1. Name a custodian for the minor under your state's Uniform Transfer to Minors Act (UTMA or UGMA). For this option, you would simply complete the "Custodian under the Uniform Transfers or the Uniform Gifts to Minors Act (UTMA or UGMA) acting for Minor Beneficiary" section on this form. You can list the same Custodian for multiple Beneficiaries. If you wish to designate custodians for more than one minor, attach a signed and dated document using the same language. The custodian will be able to collect the benefit on the minor's behalf.
 2. Provide for the minor in the Owner's Last Will and Testament and designate Owner's estate as the Beneficiary of the policy. The Company will pay the proceeds to the executor of the estate.
 3. Provide for the minor in a Trust and designate the trust as the Beneficiary of the policy. The Company will pay the death benefit to the trustee. We require a copy of the trust.
- **Estate Beneficiaries:** The insured's Estate may be named as either a Primary or Contingent Beneficiary. If the insured's Estate is selected as a Primary Beneficiary, no Contingent Beneficiary may be named. If the insured's estate is named, court issued Letters of Appointment for the Administrator/Executor of the insured's estate are generally required before a benefit can be paid.
- **Testamentary Trust Beneficiaries:** One sum payment will be paid to a testamentary trustee after satisfactory proof is received that a representative of the estate has been authorized to act. If the Company receives proof that no testamentary trustee will act, payment will be made as if the Trustee was not named as a Beneficiary.
- **Trust Beneficiaries:** If any Trustee fails to make claim for the policy proceeds within 12 months after the Company is notified of the Insured's death, or if the Company receives satisfactory written evidence that the Trust is not in effect, payment will be made as if the Trust was not named as a Beneficiary. Before making payment to any Trust, the Company reserves the right to require satisfactory written evidence that the Trust is in effect and evidence of the identity of the Trustee(s) who are qualified to act on behalf of the Trust. The Company shall be fully protected in acting in reliance upon such evidence. The Company's responsibility for the payment of proceeds ends with the payment to the Trustee(s); it has no responsibility regarding any subsequent distribution.
- **Irrevocable Beneficiaries:** An irrevocable Beneficiary is a designation that cannot be changed without the irrevocable Beneficiary's written consent. It is also a designation that for any change (i.e. withdrawal, Ownership change, etc.) to the policy, the Company will require the irrevocable Beneficiary to sign and date the request. If you are naming an irrevocable Beneficiary, please contact us for instructions.

Signature Requirements

- If signer is unable to sign and must sign with an "X", the signature must be notarized.
- If someone else is signing on behalf of an Owner, the full names of both Owner and signer must be provided. You must include copies of any documents proving legal authority, such as power of attorney, guardianship papers, etc.
- If any Owner lives in Massachusetts, the Owner's signature must be witnessed by a disinterested person over age 18 who is not being named as a Beneficiary. In all other states, witnessing by a disinterested adult is not required but is strongly recommended. Any Witness to the Owner's signature must be present when the Owner signs this form.

Submit completed forms online at www.allstatebenefits.com/mybenefits or fax to 866-428-2517.