



4343 N. Scottsdale Rd., Suite 300
 Scottsdale, Arizona 85251
 800-531-5067

POLICY TITLE CHANGES REQUEST

LIFE INSURANCE COMPANY

POLICY INFORMATION					
Insured/Annuitant Name (First, Middle, Last)		Social Security Number	Contract Number		
Owner Name (First, Middle, Last)		Social Security Number	Date		
NAME CHANGE					
<input type="checkbox"/> Insured <input type="checkbox"/> Annuitant <input type="checkbox"/> Owner <input type="checkbox"/> Other _____		Reason: <input type="checkbox"/> Court Order <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other _____			
Previous Name (First, Middle, Last)		New Name (First, Middle, Last)			
OWNERSHIP CHANGE					
Current Owner(s) Name(s):					
The current owner(s) agree(s) to unconditionally and irrevocably release all rights and privileges of ownership associated with this policy, and directs the Company to transfer these rights and Privileges to:		New Owner(s) Social Security #/Tax ID:			
New Owner(s) Name(s):		New Owner(s) phone #:			
New Owner(s) Address(es):		New Owner(s) Date of Birth:			
		Relationship to Insured:			
(Only Applies to Annuities)		ANNUITANT CHANGE		Subject to Terms of The Policy	
Current Annuitant (First, Middle, Last)		New Annuitant (First, Middle, Last)			
BENEFICIARY CHANGE					
Sagicor Life Insurance Company is hereby requested to revoke all prior beneficiaries and optional modes of settlement (if any) and change the beneficiaries of this contract to the following:					
Primary Beneficiary's Name & Address:		Share % (Leave blank for equal distribution):		Social Security #:	
				Date of Birth:	
		<input type="checkbox"/> Irrevocable Beneficiary		Relationship:	
Primary Beneficiary's Name & Address:		Share % (Leave blank for equal distribution):		Social Security #:	
				Date of Birth:	
		<input type="checkbox"/> Irrevocable Beneficiary		Relationship:	
Contingent Beneficiary's Name & Address:		Share % (Leave blank for equal distribution):		Social Security #:	
				Date of Birth:	
		<input type="checkbox"/> Irrevocable Beneficiary		Relationship:	
Contingent Beneficiary's Name & Address:		Share % (Leave blank for equal distribution):		Social Security #:	
				Date of Birth:	
		<input type="checkbox"/> Irrevocable Beneficiary		Relationship:	
<p>Note: Do not designate any dollar amounts on this form. This annuity/insured contract contains the specific terms and conditions regarding beneficiary provisions. I am waiving the contract provision that requires sending the contract to the Company for the purpose of endorsing this change of beneficiary. This request for a change of beneficiary will officially become a part of this policy as of the date this form is signed, without holding the Company accountable for any action taken prior to acknowledging this change.</p>					
AUTHORIZATION AND ACCEPTANCE					
Please refer to your policy's contract for the specific terms and conditions of the changes requested on this form. No person, firm, or corporation other than the undersigned has any interest in this policy. There are no insolvency or bankruptcy proceedings that have been instituted or are pending against the undersigned. To the best of my knowledge, I certify that the above information is correct.					
Authorization			Acceptance		
Policyowner's Signature	Date	Assignee/Irrevocable Beneficiary Signature	Date		
Joint Policyowner's Signature	Date	New Policyowner's Signature	Date		
Parent/Legal Guardian (if annuity owner is a minor)		New Joint Policyowner's Signature	Date		
FOR SAGICOR LIFE USE ONLY					
An acknowledged copy of this form serves as an endorsement to the contract and should be filed with your original contract.					
Date	By				

