

Request for Change of Beneficiary



Instructions

INFORCE SERVICES DEPARTMENT . Raritan Plaza I, P.O. Box 7836 . Edison, New Jersey 08818-7836 . 1-800-832-7783 .

The change of Beneficiary will take effect on the date the enclosed form is received at the Administrative office in good order. A form is considered in good order if the following fields are completed:

- **Top of the form:** Policy/Contract number, Name of the Insured/Annuitant, Name of Owner, Current Owner's Address and Telephone number.
- **Primary Beneficiary:** Name, Percentage, Address, Relationship, Social Security #, and Date of Birth.
- **Contingent Beneficiary:** Name, Percentage, Address, Relationship, Social Security #, and Date of Birth (if applicable).
- **Signature of Owner:** Note, if joint owners, both owners must sign the form.
- **Current date:** The form must be received at our Administrative office within 60 days of the date the form was signed. If the form is received 60 days after it was signed, the request will be rejected and completion of a new form will be required.

Note: If the form is not in good order, the request will be rejected.

If the Request for Change of Beneficiary form does not provide enough space, an Additional Sheet for Change of Beneficiary Request form should be submitted for the remaining beneficiaries. Both forms must be signed and currently dated.

Please refer to the chart below for additional requirements needed to complete a change of beneficiary when the change is to a non-natural person.

Type of Beneficiary Designation

Requirements

To a Corporation	<ul style="list-style-type: none">• Request for change of beneficiary form.• Corporate resolution.
To a Trust	<ul style="list-style-type: none">• Request for change of beneficiary form.• Copies of the first and signature pages of the trust.• Certificate of authority
To a Trust created under the Will	<ul style="list-style-type: none">• Request for change of beneficiary form.• Copies of the Will.• Certificate of authority.

Request for Change of Beneficiary



First Investors Life Insurance Company

INFORCE SERVICES DEPARTMENT . Raritan Plaza I, P.O. Box 7836 . Edison, New Jersey 08818-7836 . 1-800-832-7783 .

Policy/Contract Number: _____

Owner's Current address: _____

Date Received at the Administrative office:

Name of Insured/Annuitant: _____

Street: _____

Name of Owner: _____

State, City: _____

Telephone #: _____

Zip Code: _____

The undersigned hereby requests that (1)all designations of Beneficiary made heretofore be revoked and (2)the Beneficiary on the above First Investors Life Insurance policy/contract be changed to:

PRIMARY BENEFICIARY(IES):

Name Percentage

Street Address

City, State, Zip Code

Relationship Social Security # Birth Date

Name Percentage

Street Address

City, State, Zip Code

Relationship Social Security # Birth Date

Name Percentage

Street Address

City, State, Zip Code

Relationship Social Security # Birth Date

Name Percentage

Street Address

City, State, Zip Code

Relationship Social Security # Birth Date

CONTINGENT BENEFICIARY(IES):

Name Percentage

Street Address

City, State, Zip Code

Relationship Social Security # Birth Date

Name Percentage

Street Address

City, State, Zip Code

Relationship Social Security # Birth Date

with the right to change this designation without the consent of said Beneficiary. I understand that if this form includes any unnamed Beneficiary(ies), it is my responsibility to inform FIL of the name, address, date of birth, social security number and relationship for the unnamed Beneficiary(ies). If I do not so inform FIL, any decision FIL makes in determining unnamed Beneficiary(ies) based upon written evidence acceptable to FIL will be final.

I agree that any payment made by FIL in good faith pursuant to this Change of Beneficiary designation shall fully discharge FIL of its liability under the Policy.

Signed at _____, this _____ day of _____, _____ Year
City/State Day Month

Signature of Owner: _____

Signature of Joint Owner: _____

FOR COMPLETION BY HOME OFFICE ONLY

Recorded at the home office of First Investors Life Insurance Company, on _____, by _____ Registrar

Additional Sheet for Change of Beneficiary Request



First Investors Life Insurance Company

INFORCE SERVICES DEPARTMENT . Raritan Plaza I, P.O. Box 7836 . Edison, New Jersey 08818-7836 . 1-800-832-7783 .

Policy/Contract Number: _____
 Name of Insured/Annuitant: _____
 Name of Owner: _____ (Phone#): _____
 Owner's Current Address: _____

Date Received at the Administrative office:

ADDITIONAL BENEFICIARY(IES):

DESIGNATION: Primary Contingent

Name _____ Percentage _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Relationship _____ Social Security # _____ Birth Date _____

DESIGNATION: Primary Contingent

Name _____ Percentage _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Relationship _____ Social Security # _____ Birth Date _____

DESIGNATION: Primary Contingent

Name _____ Percentage _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Relationship _____ Social Security # _____ Birth Date _____

DESIGNATION: Primary Contingent

Name _____ Percentage _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Relationship _____ Social Security # _____ Birth Date _____

DESIGNATION: Primary Contingent

Name _____ Percentage _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Relationship _____ Social Security # _____ Birth Date _____

DESIGNATION: Primary Contingent

Name _____ Percentage _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Relationship _____ Social Security # _____ Birth Date _____

Signed at _____, this _____, day of _____, _____ Year
City/State Day Month

Signature of Owner: _____ **Signature of Joint Owner:** _____

FOR COMPLETION BY HOME OFFICE ONLY

Recorded at the home office of First Investors Life Insurance Company, on _____, by _____ Registrar