



**Sentinel
Security Life**

CHANGE OF BENEFICIARY

Changing beneficiaries may result in significant tax consequences, please consult your tax advisor prior to completing this form.

I authorize the Beneficiary designation for contract number _____, owned by _____ to be:

(Please print and complete ALL information requested – If not applicable indicate NA.)

PRIMARY BENEFICIARY:

1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
Name and Relationship to Owner	% Share	Address	Social Security Number or Taxpayer ID Number

CONTINGENT/SECONDARY BENEFICIARY: (if Primary Beneficiary pre-deceases contract owner/annuitant)

1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
Name and Relationship to Owner	% Share	Address	Social Security Number or Taxpayer ID Number

Unless otherwise noted, if more than one Beneficiary is named, we will assume that all Beneficiaries are to share equally. If there are more than three (3) beneficiaries, please attach a second page. This change revokes all prior designations made by me and is subject to all the terms and provisions of the contract. The change becomes effective on the "Home Office" date of recording, without prejudice to the Company of account of any payment made or any action taken or permitted by the Company before recording such change. If a trust is being named the beneficiary, please include the name of the Trust, Trustee, Successor Trustee, and the Tax Identification Number of the Trust.

The following is required by the IRS: **UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT SOCIAL SECURITY OR TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACK-UP WITHHOLDING.**

This form dated at _____ on the ____ day of _____, 20____
City/State

_____ Signature of Owner (if Joint – both must sign)	_____ Owner's Social Security or Taxpayer ID Number	_____ Owner's Telephone Number
_____ Signature of Joint Owner	_____ Joint Owner's Social Security or Taxpayer ID Number	_____ Joint Owner's Telephone Number
_____ Signature of Witness*	_____ Telephone Number of Witness	_____ Owner's Email Address (if available)

***The Owner's signature must be witnessed by an adult.**

After we have recorded the change, an acknowledged copy of this form will be sent to you to be kept with your policy.

For Home Office Use Only

Recorded By: _____ Date: _____

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