



**Group Marketing  
Services, Inc.**

P.O. Box 19040  
Kalamazoo, MI 49019  
(269) 343-2611

**CHANGE FORM**

**READ CAREFULLY**

1. Complete applicable section(s) of the form in ink.
2. Check names for correct spelling.
3. Sign your legal name. Examples: Jane L. Doe NOT Mrs. John E. Doe
4. Forward to the INSURANCE COMPANY.
5. The endorsement will be processed and written confirmation of change will be sent to you.
6. No change is effective until you receive written confirmation from the Insurance Company.

**NOTE**

1. This form is for Name and Beneficiary changes only.
2. This Form is not intended for coverage changes.

INSURED NAME (PLEASE PRINT)	SOC. SEC. / MEMBER I.D. NO.
EMPLOYER NAME	GROUP POLICY NO.

I hereby request the Insurance Company under the terms of the above Policy to:

**CHANGE MY BENEFICIARY**

<b>PRIMARY</b> (FULL LEGAL NAME OF BENEFICIARY)	RELATIONSHIP	SPLIT (%)
<b>PRIMARY</b> (FULL LEGAL NAME OF BENEFICIARY)	RELATIONSHIP	SPLIT (%)

<b>CONTINGENT</b> (FULL LEGAL NAME OF BENEFICIARY)	RELATIONSHIP
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The beneficiary designation under the certificate shall be changed as herein provided. If more than one name, proceeds will be payable share and share alike, survivors or survivors, unless otherwise stated. This request cancels and supersedes any previous designation of beneficiary under this certificate, but the right to make further changes from time to time is reserved.

**CHANGE NAME OF INSURED**       **CHANGE NAME OF SPOUSE**       **CHANGE NAME OF CHILD**

FROM	TO
DATE OF MARRIAGE	DATE OF DIVORCE

Original form and signature is required to make any change, copies of the signature shall not be accepted as your signature.

DATED	SIGNATURE OF INSURED
ADDRESS OF INSURED (STREET, CITY, STATE, ZIP)	

**FOR OFF ICE USE ONLY**

DATE RECORDED	BY
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