



Date Received

**REQUEST FOR
CHANGE FORM**

(Please complete a separate form for each life insurance account except for sections 2 and 3.)

Account Number	Product Type	Insured	Owner (If other than insured)
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1. CHANGE OF BENEFICIARY

I hereby revoke any previous designation of beneficiaries and request that the life insurance benefit payable at my death be paid in accordance with the designations below. If more than one beneficiary is designated in the same beneficiary class, payment shall be made in equal shares to the designated beneficiaries in the beneficiary class who survive me unless otherwise provided herein. To comply with the laws of your state, we must be informed of any legal restrictions affecting your beneficiary designations. **Note:** Beneficiary changes on 5Star Life Insurance Company ("5Star Life") forms, and not those changes contained in an insured's will or trust or other writing or agreement, shall govern in all cases of change.

If you wish to make a designation irrevocable, please contact the Administrative Offices for instructions.

Primary Beneficiary

Full Name (First, Middle, Last) _____ Relationship _____
 Date of Birth (MM/DD/YYYY) _____ SSN _____
 Phone Numbers (including Area Code): Daytime _____ Cell _____ Evening _____
 Complete Address (including Zip Code — No PO Boxes) _____

I have named additional beneficiaries for this class. Attach separate sheet with your name, account number, signature and date.

Contingent Beneficiary

Full Name (First, Middle, Last) _____ Relationship _____
 Date of Birth (MM/DD/YYYY) _____ SSN _____
 Phone Numbers (including Area Code): Daytime _____ Cell _____ Evening _____
 Complete Address (including Zip Code — No PO Boxes) _____

I have named additional beneficiaries for this class. Attach separate sheet with your name, account number, signature and date.

2. CHANGE OF NAME

I elect to change the name of the Insured Owner Payor to the following:

Name before change _____

Name after change _____

Date of change _____

Reason for change: Marriage Divorce Adoption Other: _____

Account Number	Product Type	Insured	Owner (If other than insured)
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3. CHANGE OF ADDRESS

Insured Owner Payor

Complete Address (including Zip Code) _____

Phone Numbers (including Area Code): Daytime _____ Cell _____ Evening _____

Email Address _____

4. OWNERSHIP CHANGE

I elect to change the owner of this certificate/policy to the following individual and understand that all benefits, rights, and privileges incident to ownership of this certificate/policy will be vested in the new owner.

New Owner (First, Middle, Last) _____ Relationship _____

Date of Birth (MM/DD/YYYY) _____ SSN _____

Phone Numbers (including Area Code): Daytime _____ Cell _____ Evening _____

Complete Address (including Zip Code) _____

Signature of New Owner _____

Please Note: The CURRENT owner MUST sign below to request this ownership change.

The current owner's spouse must also sign if current owner lives in a community property state (AK, AZ, CA, ID, LA, MT, NV, NM, PR, TX, UT, VT, WA).

Spouse's Signature _____

5. REQUEST TO DECREASE COVERAGE

(Not applicable for Group, Individual, or Executive Select Term. Please contact us with questions.)

I _____, owner of this certificate/policy would like to decrease my coverage amount to \$ _____

6. LOST STATEMENT COVERAGE REQUEST

Please send Statement of Insurance Coverage.

Please send complete duplicate certificate/policy.

Reason for request Cannot locate Never received Other _____

SIGNATURES

Sign and date this form and forward to 5Star Life. We will acknowledge receipt by returning a date stamped copy to you.

Signature of Insured _____ Date _____

Parent or guardian, if insured is a minor

Signature of Owner _____ Date _____

Required if other than Primary Insured

Owner's Name (Please Print) _____

Phone Numbers (including Area Code): Daytime _____ Cell _____ Evening _____

Owner's Complete Mailing Address _____



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Instructions for Beneficiary Designation

Only the owner of the life insurance coverage may change the beneficiary(ies).

Naming A Beneficiary

The complete name (including middle name), Social Security number, date of birth, current residential address, and telephone number must be included for all beneficiaries. Always use full names, for example: “*Susan Ann Smith*” not “Mrs. John Smith.”

If you name more than one person or entity in the same beneficiary class, use percentages or fractions to denote their share to each (such as 50%) so that the proportion will apply if the amounts of insurance change at a later date.

Avoid words such as: “or,” “and/or,” and the terms “by law,” “descendants,” “heirs.”

Divorce

In order to determine the true and appropriate beneficiary in the event of a divorce between the insured and a spouse beneficiary, 5 Star requires a copy of the divorce decree and property settlement agreement since many state divorce laws automatically void the designation of a spouse as beneficiary, unless the divorce decree expressly retains the designation.

Children

Minor children may be named as beneficiaries. Guardians for the children should not be named because most states will not recognize a guardian unless appointed by a court. In the event that a beneficiary is a minor when he/she is entitled to insurance benefits, payment will not be made until the court appoints a guardian or conservator. Exceptions:

- a. The laws of the state where the minor lives allow the minor to give a discharge for the proceeds (some states require a child have attained age 21; others 18; and others if the child is married).
- b. A Trust has been established for the benefit of the minor beneficiary(ies).

Estate

If an Estate is named, specify whose Estate, such as “*Estate of Susan Ann Smith.*”

Trust

A Trustee under a Trust Agreement or Living Trust may be named as beneficiary by use of the following wording: “*To _____ (person, bank, or trust company) as Trustee under Trust Agreement dated _____.*”

If proceeds are paid to a Trustee beneficiary, 5Star Life and/or the Master Policyholder of any group coverage shall not be bound by the terms of a Will.

Absolute Assignment

If an assignment of ownership of the life insurance has been made, only the assignee (the person or group the insurance proceeds were assigned to) may designate a new beneficiary(ies).

Irrevocable Beneficiary

If the current beneficiary is identified as an irrevocable beneficiary, the beneficiary cannot be changed unless the irrevocable beneficiary acknowledges and accepts the change by signing the Change Form.

Instructions for Changes in Ownership

Only the current owner of the life insurance coverage may change ownership.

Signatures

In order to accept a change of ownership the Ownership Change section of the *Request for Change Form* must be completed in full and the current as well as new owner must sign the form. If the current owner lives in a community property state then the current owner's spouse must also sign the *Request for Change Form*. (Community property states are AK, AZ, CA, ID, LA, MT, NV, NM, PR, TX, UT, VT, WA.)

Change due to Death of Owner

In the event of death of the owner, ownership of the life insurance may be changed by a court-appointed Personal Representative (Executor) of the estate of the deceased owner.

An ownership change can also be accomplished through means of a Power of Attorney. The change must be performed by the grantor's representative (Attorney-in-Fact) named in the Power during the lifetime of the grantor of the Power.

Contingent Owner

The owner of the life insurance may name a contingent owner who will be granted all the rights of ownership in the event the owner predeceases the insured.