



INVESTORS HERITAGE

Life Insurance Company

GROUP MEMBER BENEFICIARY CHANGE FORM

United Business Association

409 W Vickery Blvd | Fort Worth, TX 76104

phone: 800-964-8331

817-332-6234 - fax # 1 | 817-335-1270 - fax # 2

GROUP POLICY INFORMATION

Group Policyholder's Name

Group Policy Number

MEMBER INFORMATION

Name (First, Middle Initial, Last)

Member ID Number

Mailing Address

Daytime Phone Number

INSTRUCTIONS

1. The following changes are for the Member Only. The Member is the beneficiary for Dependent Spouse Life Insurance.
2. It is important to complete each and every item for each beneficiary to insure we are able to contact each beneficiary should a claim occur.
3. Use additional form if more beneficiary designations are being requested.
4. Once this form is completed and signed/dated, mail or fax to United Business Association, above.

CHANGE MEMBER'S BENEFICIARY(IES) TO THE FOLLOWING:

1. BENEFICIARY Primary Contingent

Name (First, Middle Initial, Last)

Relationship to Member

Male

Birth Date

Month

Day

Year

Female

Primary Mailing Address

City

State

Zip Code

% Benefit if not equal

Social Security Number/TIN Number

E-mail Address

Phone # w/ area code

Home Work

Mobile

2. BENEFICIARY Primary Contingent

Name (First, Middle Initial, Last)

Relationship to Member

Male

Birth Date

Month

Day

Year

Female

Primary Mailing Address

City

State

Zip Code

% Benefit if not equal

Social Security Number/TIN Number

E-mail Address

Phone # w/ area code

Home Work

Mobile

3. BENEFICIARY Primary Contingent

Name (First, Middle Initial, Last)

Relationship to Member

Male

Birth Date

Month

Day

Year

Female

Primary Mailing Address

City

State

Zip Code

% Benefit if not equal

Social Security Number/TIN Number

E-mail Address

Phone # w/ area code

Home Work

Mobile

4. BENEFICIARY Primary Contingent

Name (First, Middle Initial, Last)

Relationship to Member

Male

Birth Date

Month

Day

Year

Female

Primary Mailing Address

City

State

Zip Code

% Benefit if not equal

Social Security Number/TIN Number

E-mail Address

Phone # w/ area code

Home Work

Mobile

If more than one beneficiary, unless noted above, settlement will be made equally to each designated beneficiary, or to the survivor or survivors. If no designated beneficiary survives the Member or if no designated beneficiary is on record, settlement will be made to the estate of the Member.

Signature of Member

Date Signed