



## Horace Mann Life Insurance Company

LAGDOCS/BEN

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Springfield, Illinois 62715-0001  
800-999-1030  
Fax 217-788-5161

### Annuity, Life and Group Beneficiary Change Request Form

#### Section A. Contract information

Policy #(s) \_\_\_\_\_  
Owner name \_\_\_\_\_ Owner SSN \_\_\_\_\_  
Address \_\_\_\_\_  Check if new address  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Primary phone # \_\_\_\_\_  
Insured/Annuitant (*if different than owner*) \_\_\_\_\_

Is this a joint insured policy?  Yes  No If yes, a separate beneficiary change form is required for each insured.  
The beneficiary designations listed below will be made for the insured's name listed above in Section A.

**I hereby revoke all prior designation(s) of beneficiary(ies) for the insured/annuitant and policy(ies)/contract(s) listed above and designate the beneficiary(ies) named below for the insured/annuitant and policy(ies)/contract(s) listed above.**

#### Section B. Primary beneficiary designations

Name/Trust \_\_\_\_\_ DOB/Trust date \_\_\_\_\_ SSN/EIN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Percent (whole % only) \_\_\_\_\_%

Name/Trust \_\_\_\_\_ DOB/Trust date \_\_\_\_\_ SSN/EIN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Percent (whole % only) \_\_\_\_\_%

Name/Trust \_\_\_\_\_ DOB/Trust date \_\_\_\_\_ SSN/EIN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Percent (whole % only) \_\_\_\_\_%

Name/Trust \_\_\_\_\_ DOB/Trust date \_\_\_\_\_ SSN/EIN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Percent (whole % only) \_\_\_\_\_%

Name/Trust \_\_\_\_\_ DOB/Trust date \_\_\_\_\_ SSN/EIN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Percent (whole % only) \_\_\_\_\_%

**Percentage total must equal 100%**

If additional space is needed to list all beneficiaries, please write above "see attached beneficiary listing" and attach a separate listing of beneficiaries clearly identifying they are primary beneficiaries.

**Section C. Contingent beneficiary designations**

Name/Trust \_\_\_\_\_ DOB/Trust date \_\_\_\_\_ SSN/EIN \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Percent (whole % only) \_\_\_\_\_%

Name/Trust \_\_\_\_\_ DOB/Trust date \_\_\_\_\_ SSN/EIN \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Percent (whole % only) \_\_\_\_\_%

Name/Trust \_\_\_\_\_ DOB/Trust date \_\_\_\_\_ SSN/EIN \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Percent (whole % only) \_\_\_\_\_%

Name/Trust \_\_\_\_\_ DOB/Trust date \_\_\_\_\_ SSN/EIN \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Percent (whole % only) \_\_\_\_\_%

Name/Trust \_\_\_\_\_ DOB/Trust date \_\_\_\_\_ SSN/EIN \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Percent (whole % only) \_\_\_\_\_%

**Percentage total must equal 100%**

If additional space is needed to list all beneficiaries, please write above "see attached beneficiary listing" and attach a separate listing of beneficiaries clearly identifying they are contingent beneficiaries.

**Section D. Signature and date**

I understand that when this properly completed request is received by Horace Mann Life Insurance Company, this change of beneficiary will take effect as of the date this request was signed, subject to any payment made or other action taken before receipt. When this change takes effect, it will cancel all prior beneficiary designations and any preselected settlement options payable under the policy(ies)/contract(s) indicated above upon the death of the insured/annuitant named above.

\_\_\_\_\_  Trustee  Guardian  Attorney-in-fact  Title/Officer  
 Owner's signature \_\_\_\_\_ Date \_\_\_\_\_ Capacity (if applicable) \_\_\_\_\_

\_\_\_\_\_  Trustee  Guardian  Attorney-in-fact  Title/Officer  
 Joint owner (if applicable) \_\_\_\_\_ Date \_\_\_\_\_ Capacity (if applicable) \_\_\_\_\_

\_\_\_\_\_  Irrevocable beneficiary  Collateral assignee  
 Other (if applicable) \_\_\_\_\_ Date \_\_\_\_\_ Capacity (if applicable) \_\_\_\_\_

**Community or Marital Property State**

If this policy was issued in a Community or Marital Property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin), the signature of the owner's spouse at time of policy issue is required.

\_\_\_\_\_  
 Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

## Section A. Contract information

1. In completing this form, the term “policy” includes “contract,” “certificate,” and “annuity.” The term “insured” includes “annuitant” and “payee.” The “owner” is the insured, unless otherwise designated under the policy. A joint policy provides insurance on two insureds, and is usually jointly owned. **For Group Life Only** – The owner is the insured. Input insured’s information in owner’s section.
2. Complete all contract information in this section. The owner’s name must be listed as it appears on the contract/policy.
3. If policy is jointly owned, in order to change beneficiaries for both insureds, both insureds must complete a separate beneficiary change form, and they must both be signed by both owners.

## Sections B and C. Primary and Contingent beneficiary designations

1. State full names and relationships. Relationship of the proposed beneficiary to the insured/annuitant is needed for the purpose of identification. Do not use initials or nicknames when naming beneficiaries. A married woman should be shown as “Mary Ann Brown,” not “Mrs. Thomas E. Brown.”
2. Order of payment — Unless prohibited by law, the company will make payment to any primary beneficiary(ies) who, according to the policy, survives an insured. If no primary beneficiary survives an insured, the company will make payment to any contingent beneficiary who, according to the policy, survives an insured. If no beneficiary survives, according to the policy, the company will pay benefits according to the policy provisions.
3. Settlement with multiple beneficiaries — Reference to “beneficiary” will apply to all surviving members for the same class (i.e. primary, contingent, etc.). If one or more members, but not all, of a class predeceases the insured, his or her share will be divided among the surviving members of a class unless the owner(s) designates otherwise.
4. The completion of this form changes all beneficiaries of the named insured under the indicated policy number(s).
  - a. The beneficiary for a Children’s Term Rider will not be changed, unless such change is specifically requested by the owner.
  - b. Some elements of Group coverage, such as Basic Life and Optional Life, may share a common policy number. To include a separate beneficiary for each type of coverage, please attach a separate sheet listing all beneficiaries and identifying the type of coverage.
  - c. When multiple annuity contract numbers, with the same first nine digits in the number, are used to segregate multiple sources of funds for a contract owner, such as employee versus employer, beneficiaries must be consistent for all such contract numbers.
5. Beneficiary Insurability Benefit Rider — the person named as the Designated Life in the Beneficiary Insurability Benefit Rider must be a beneficiary of an insured. This rider will terminate if the person named is no longer a beneficiary.

## SUGGESTED WORDING FOR COMMON DESIGNATIONS

**(Note: The owner remains responsible for the wording of any beneficiary designation.)**

**Trust as beneficiary** — “Mary Jones Trust dated 1/1/2000, EIN number.” State the exact name of the trust, the date that the trust was executed and the tax ID number. **Note:** The company assumes no responsibility for the legality of the trust or its terms; however, at the time of claim the company may require a certified copy of the trust document. Upon payment of the proceeds to the trustee, the company shall be discharged from any further liability.

**Minor as beneficiary** — Children may be named as primary or contingent beneficiary(ies); however, where required by applicable law, no payment will be made to a minor until the court has appointed a guardian of the minor’s estate. In such cases, a certified copy of the court document naming a guardian must be submitted with the claim form signed by the guardian.

**Note:** Do not designate as beneficiary the individual named as guardian/trustee for a minor beneficiary. If you do so, the policy proceeds will be paid directly to the individual named and not to the trust or estate of the minor.

**Unborn or unnamed children as beneficiary** — “Children born of the insured’s marriage to Mary Jones, wife” or “Children born and/or legally adopted of the insured’s marriage to Mary Jones, wife.” **Note:** this will eliminate the necessity of changing the beneficiary each time a child is born or adopted.

**Corporation as beneficiary** — “XYZ Paint Store, 100 N. Main, Chicago, Illinois, a corporation organization under the laws of Illinois.” State the firm’s name, address and the state in which the firm is incorporated.

## Section D. Signature and Date

1. Sign and date where indicated. Provide capacity in which you are signing if applicable.
2. Owner signature is required. Unless otherwise provided, the right to change the beneficiary is reserved to the owner. If jointly owned, both owner signatures are required.
3. If irrevocable beneficiary designation is made, the consent of such beneficiary(ies) will be required to make any subsequent change to the irrevocable designation.
4. If policy is issued in a community property state, signature of spouse at time of issue is required, or legal documentation showing the spouse no longer has legal rights to the policy.