



THE SAVINGS BANK LIFE INSURANCE COMPANY
 200 DAY HILL ROAD, WINDSOR, CT 06095
 1-800-252-7254 ■ WWW.SBLI4LIFE.COM

POLICY CHANGE REQUEST FORM

♦ **GENERAL INFORMATION** (Please Print)

Name of Insured: _____	Policy Number: _____
Name of Owner: _____	Phone Number: _____

♦ **CHANGE OF BENEFICIARY** (If additional space is needed, please attach separate sheet)

Please complete all Beneficiary(ies) information listed below: *Please note: All Beneficiaries in one class will share equally, unless otherwise stated.*

Name: _____	Address: _____		
Relationship to Insured: _____	Date of Birth: _____	Social Security No.: _____	
Beneficiary Class:(Check One)	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tertiary _____ Split Percentage

Name: _____	Address: _____		
Relationship to Insured: _____	Date of Birth: _____	Social Security No.: _____	
Beneficiary Class:(Check One)	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tertiary _____ Split Percentage

Name: _____	Address: _____		
Relationship to Insured: _____	Date of Birth: _____	Social Security No.: _____	
Beneficiary Class:(Check One)	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tertiary _____ Split Percentage

IMPORTANT NOTE: The above Beneficiary designation replaces all previous designations made under the above policy.

♦ **CHANGE OF ADDRESS**

Street Address _____	P.O. Box (if applicable) _____		
City _____	State _____	Zip _____	Effective Date _____

♦ **TRANSFER OF OWNERSHIP**

List new owner below:		
Name: _____	Address: _____	
Relationship to Insured: _____	Date of Birth: _____	Social Security No.: _____

♦ **CHANGE OF NAME**

Change the name of:	<input type="checkbox"/> Insured	<input type="checkbox"/> Owner	<input type="checkbox"/> Other (specify) _____	
From: _____	To: _____			
Reason:	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce	<input type="checkbox"/> Court Order	<input type="checkbox"/> Other (specify) _____
Signature: _____	Signature: _____			
Former Name	Present Name			

1) For all name changes, other than by marriage or divorce, attach a certified copy of the legal document (such as court order, adoption papers). Change cannot be processed without such proof.
 2) If name is that of a corporation, submit certified resolution of the board of directors authorizing name change, and copy of document indicating change officially recorded with state of incorporation.

