Vantis Life Insurance Company
200 Day Hill Road, Windsor, CT 06095
P: 1-866-826-8471 ■ www.VantisLife.com

Beneficiary Change Request Form

General Information

(Please Print)

Name of Insured: _____ Policy Number: _____

Name of Owner: _____ Phone Number: _____

Primary Beneficiary Data

Name _____ Date of Birth _____
Address _____ Social Security # _____
_____ Split % _____
_____ Relationship _____

Name _____ Date of Birth _____
Address _____ Social Security # _____
_____ Split % _____
_____ Relationship _____

Name _____ Date of Birth _____
Address _____ Social Security # _____
_____ Split % _____
_____ Relationship _____

Contingent Beneficiary Data

Name _____ Date of Birth _____
Address _____ Social Security # _____
_____ Split % _____
_____ Relationship _____

Name _____ Date of Birth _____
Address _____ Social Security # _____
_____ Split % _____
_____ Relationship _____

Name _____ Date of Birth _____
Address _____ Social Security # _____
_____ Split % _____
_____ Relationship _____

Signature of Policyowner _____ Date _____

INTERNAL USE ONLY

NAME OF AGENCY _____ PRODUCER # _____ BRANCH # _____