



American Century Life Ins.
8596 E 101st St. Ste. F
Tulsa, OK 74133

(918) 712-7770
Fax (918) 712-7773

Beneficiary Change Request

Insured: _____ Policy No: _____

Owner _____ Phone No: _____

- *All prior beneficiaries and payment methods are revoked.
- *Pay the proceeds at death in a single sum.
- *Unless stated otherwise, proceeds will be paid in equal shares when more than one beneficiary is listed. Percentages must equal 100%.
- *If no designated beneficiary lives to receive payment, unless stated otherwise in the policy, proceeds will be paid to the insured's estate.
- *Beneficiaries are subject to assignment of benefits

PLEASE PRINT FULL NAME, RELATION TO INSURED, ADDRESS AND ID NUMBER

Primary Beneficiary 1

Name: _____ Percentage: _____

Mailing Address: _____ Zip _____

Last 4 of Social Sec: _____ Date of Birth: _____ Relationship _____

Primary Beneficiary 2

Name: _____ Percentage: _____

Mailing Address: _____ Zip _____

Last 4 of Social Sec: _____ Date of Birth: _____ Relationship _____

Contingent Beneficiary 1

Name: _____ Percentage: _____

Mailing Address: _____ Zip _____

Social Security No: _____ Date of Birth: _____ Relationship _____

Signatures required on reverse side



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By submitting this Beneficiary Change Request to American Century Life Insurance Company, I understand and request the company to make the changes and that all Prior beneficiaries and payment methods are revoked. I also understand that this form is not valid until received by the Company.

Signature of Owner:

Owner Signature _____ Date signed _____

If Policy is owned by a Trust:

Printed Name of Trust _____ Date of Trust _____

Signature of Trustee _____ Date Signed _____

Printed Name of Trustee _____

Spousal Signature Requirement

Spousal Signature is Required if Spouse is being removed as Beneficiary

For the protection of both parties, if the owner resides in a community Property State, we recommend that the owners' spouse join in signing and dating this form. If the owner resides in CA, ID, NV or WA the owner's spouse must sign and date the form below.

Spouse's Signature _____ Date signed _____