

**MISSOURI LIFE & HEALTH INSURANCE
GUARANTY ASSOCIATION**

2210 MISSOURI BLVD
JEFFERSON CITY, MO 65109

REQUEST FOR CHANGE OF BENEFICIARY

I, the undersigned, holder of Policy No. _____ hereby request that you
change the Beneficiary of my policy from: _____

*TO: _____
(_____) Relationship of Beneficiary

Date: _____, 20____

Policyholder/Member Name: _____

Policyholder/Member Signature: _____

Policyholder/Member Phone No.: _____

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Signature of Witness: \_\_\_\_\_

Name of Witness (Please print): \_\_\_\_\_

Address of Witness: \_\_\_\_\_

\_\_\_\_\_

We will return the policy to you after changing the beneficiary.

(In cases where the death of the insured has occurred, the surviving Husband, Wife or  
Child should fill out this form and return it to us with the policy.)

\*Do not name yourself as beneficiary if you are the policyholder.