Madison National Life

REQUEST FOR CHANGE

Return to:
National Insurance Services
250 S. Executive Drive
Brookfield, WI 53005-4273
Attn: Billing Dept.
1-800-627-3660

CURRENT INFORMATION

Employer Name _____ Carrier ID Number*_____

Insured's Name _____ Insured's Social Security #_____

Insured's Telephone Number _____ Employee's Social Security #**_____

Employee's Name** _____

*Found on Certificate of Insurance. **If different than insured's.

CHANGE OF NAME

I hereby request my name to be changed to: _____

My name prior to this change was: _____

Reason for change of name: _____

Date: _____ Signature: _____

CHANGE OF BENEFICIARY

Under and subject to the terms of the policy for the employer listed above, the insured hereby revokes any former designation of beneficiary and now designates as beneficiary(ies):

Change is for (check one): ☐ Employee ☐ Spouse (if Stand Alone Spouse Coverage has been purchased)

Please Note:

1) *If a minor is named as beneficiary, the following should be taken into consideration: The insurance company cannot disburse benefits directly to a minor. Additionally, the insurance company cannot pay a 'Natural Guardian', it can only pay a 'Legal Guardian'. Legal guardians must be appointed by the courts. If a legal guardian is not appointed, benefits due to a minor will remain on deposit, and earn interest, with the insurance company until the minor is of legal age.*
2) *If the insured resides in a community property state, it may be unlawful to name someone other than the insured's spouse as a beneficiary without the insured's spouse's consent. Community property states include, but might not be limited to: AZ, CA, ID, LA, NM, NV, TX, WA and WI.*

Your Death Benefits are to be paid to Primary Beneficiary(ies)			If Primary Beneficiary(ies) is/are not living at your death, benefits are to be paid to Secondary Beneficiary(ies)		
Name (Last, First, Middle)	Relationship	% of Benefit	Name (Last, First, Middle)	Relationship	% of Benefit

Date _____ Signature of Insured _____ Signature of Spouse *(Required for community property states only)* _____

Signature of Witness _____

The Company hereby consents to the change of beneficiary above and has amended its records.

Date approved _____

Signature on File

Larry Graber - President
Madison National Life Insurance Company

Mail original to address in top right corner and keep a copy for your records.