



(Liberty Mutual Use Only)

Representative Name (Print): _____

Office Name/Number: _____

Policy/Contract Number: _____

BENEFICIARY CHANGE REQUEST

1. INSURED/ANNUITANT INFORMATION

First Name	Middle Name	Last Name		
Street Address (Include mailing if different)	City	State	ZIP	<input type="checkbox"/> New Address
Telephone Number	Birth Date	Social Security/Tax ID Number		

2. OWNER(S) INFORMATION (If different from Insured/Annuitant)

First Name	Middle Name	Last Name		
Street Address (Include mailing if different)	City	State	ZIP	<input type="checkbox"/> New Address
Telephone Number	Birth Date	Social Security/Tax ID Number		

3. BENEFICIARY CHANGE INSTRUCTIONS

Please be sure to list the full name, relationship, percentage (designations must equal 100%), and address in the primary and contingent sections depending on how the owner would like to designate each beneficiary. Make sure all signatures are obtained, including witness. The primary beneficiary(ies) must be listed even if there is no change. Here are some common samples: (1) Always state the relationship of the beneficiary such as "Mary Doe, wife of Insured", (2) Name a contingent beneficiary such as "Jane Doe, daughter of Insured."

4. PRIMARY BENEFICIARY DESIGNATION INFORMATION (*Irrevocable Beneficiary. A person designated by the owner to receive the proceeds in the event of the insured's/annuitant's death. With this designation, the owner gives up all rights to make any further beneficiary changes or request certain contract transactions without this beneficiary's written consent.)

Name	Relationship to the Insured/Annuitant	Birth Date	%	<input type="checkbox"/> *Irrevocable
Street Address (Include mailing if different)	City	State	ZIP	
Name	Relationship to the Insured/Annuitant	Birth Date	%	<input type="checkbox"/> *Irrevocable
Street Address (Include mailing if different)	City	State	ZIP	
Name	Relationship to the Insured/Annuitant	Birth Date	%	<input type="checkbox"/> *Irrevocable
Street Address (Include mailing if different)	City	State	ZIP	
Name	Relationship to the Insured/Annuitant	Birth Date	%	<input type="checkbox"/> *Irrevocable
Street Address (Include mailing if different)	City	State	ZIP	
			%	
<input type="checkbox"/> Child(ren) born or legally adopted by the insured/annuitant.				
Name of Trust		Trust Dated	%	<input type="checkbox"/> *Irrevocable
Name of Trustee	Address of Trustee			

5. CONTINGENT BENEFICIARY DESIGNATION INFORMATION

Name	Relationship to the Insured/Annuitant	Birth Date	%	<input type="checkbox"/> *Irrevocable
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Street Address (Include mailing if different)	City	State	ZIP
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Name	Relationship to the Insured/Annuitant	Birth Date	%	<input type="checkbox"/> *Irrevocable
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Street Address (Include mailing if different)	City	State	ZIP
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Name	Relationship to the Insured/Annuitant	Birth Date	%	<input type="checkbox"/> *Irrevocable
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Street Address (Include mailing if different)	City	State	ZIP
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Name	Relationship to the Insured/Annuitant	Birth Date	%	<input type="checkbox"/> *Irrevocable
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Street Address (Include mailing if different)	City	State	ZIP
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<input type="checkbox"/> Child(ren) born or legally adopted by the insured/annuitant.			%
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Name of Trust	Trust Dated	%	<input type="checkbox"/> *Irrevocable
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Name of Trustee	Address of Trustee
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6. OTHER REQUESTS/INFORMATION

7. AUTHORIZATION

I(We), the undersigned, hereby request and direct Liberty Life Assurance Company of Boston (the Company) to change this contract as noted on this Beneficiary Change Request. I(We) represent that all statements and information contained herein are true and complete to the best of my(our) knowledge and belief. I(We) hereby request that the beneficiary(ies) be changed in accordance with the provisions of the contract. This request replaces all prior beneficiary designations which are hereby revoked. Unless otherwise indicated, the proceeds of the contract will be paid in equal shares to beneficiaries of the same order, or the survivor(s) of them, share and share alike. It is agreed that if any beneficiaries designated are unnamed members of a class, an affidavit signed by a surviving member of such class stating that the person(s) named in the said affidavit are the sole surviving members of such class, shall be sufficient proof to the Company that there are no other surviving members of such class. Payment by the Company based upon such affidavit shall be sufficient acquittance hereunder. Unless otherwise provided or by law, the right to revoke or to change any beneficiary designation is hereby reserved. If the owner is a resident of AZ, CA, ID, LA, NV, NM, TX, WA, or WI, or other states having a community property law, or if the contract was issued in a community property state, the right to change the beneficiary(ies) may be limited. The signature of the owner's spouse, or domestic partner (as applicable), in the signature section below constitutes his or her consent to the payment of the contract proceeds as indicated on this form. I/(We) understand that this beneficiary designation will not be binding until it is received and acknowledged by the Company. The designation will take effect as of the date signed below, subject to any payment made or action taken by the Company before receipt and acknowledgment.

8. SIGNATURES

Signature of Owner (Executor/Administrator/Power of Attorney/Trustee, if applicable)	Print Name	Date (mm/dd/yy)
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Signature of Joint Owner	Print Name	Date (mm/dd/yy)
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Signature of Spouse/Domestic Partner (As applicable) (Required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only)	Print Name	Date (mm/dd/yy)
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Signature of Irrevocable Beneficiary(ies) (If applicable)	Print Name	Date (mm/dd/yy)
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Signature of Witness (Must be a third party disinterested adult)	Print Name	Date (mm/dd/yy)
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