COLUMBIAN MUTUAL LIFE INSURANCE COMPANY ● HOME OFFICE: BINGHAMTON, NY
COLUMBIAN LIFE INSURANCE COMPANY ● HOME OFFICE, CHICAGO, IL
Administrative Service Offices:
PO Box 1381 ● Binghamton, NY 13902-1381● (800) 423-9765 ● FAX (866) 253-9459
PO Box 1056 ● Syracuse, NY 13201-1056 ● (800) 347-0960 ● FAX (315) 475-6612

DESIGNATION AND NAME CHANGE FORM

COMPLETE THIS SECTION FOR ALL REQUESTS

Insured/Annuitant: _____ **Policy Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Owner's Address (if different than Insured): _____

Daytime Phone Number: (_____) _____ Family Group Number: _____

ALPHABETICAL INDEX

1 ☐ **ADDRESS CHANGE:** ☐ **Insured/Annuitant** ☐ **Policyowner** ☐ **Payer** ☐ **Assignee** ☐ **Beneficiary**

Address: _____

City: _____ State: _____ Zip: _____

☐ Change address on these policies as well: _____
(List All Policy Numbers)

2 ☐ **OWNER CHANGE:** ☐ **For Gift** ☐ **For Value**
Section 5 must also be completed and signed by the new owner.

Transfer Ownership to: ☐ **Individual** ☐ **Qualified Plan** ☐ **Corporation** ☐ **Trust** (Include Trustee Name & Date of Trust)

Full Name of New Owner: _____

Complete Address: _____

Contingent Owner:

Full Name: _____

Complete Address: _____

Payer Change:

Send Premium Notices to: ☐ **Insured/Annuitant** ☐ **Policyowner** ☐ **Other (Give full name & address below)**

Full Name: _____

Complete Address: _____

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY ● HOME OFFICE: BINGHAMTON, NY
COLUMBIAN LIFE INSURANCE COMPANY ● HOME OFFICE, CHICAGO, IL
Administrative Service Offices:
PO Box 1381 ● Binghamton, NY 13902-1381● (800) 423-9765 ● FAX (866) 253-9459
PO Box 1056 ● Syracuse, NY 13201-1056 ● (800) 347-0960 ● FAX (315) 475-6612

DESIGNATION AND NAME CHANGE FORM

3 ☐ BENEFICIARY CHANGE: ☐ **Base Policy** ☐ **Rider Benefit:** _____

IMPORTANT: Separate forms are required for different designations to both benefits.

Instructions: If a separate page is used for your beneficiary designation, it must contain the policy number, the insured's name, the complete designation information (including names, addresses, relationships, and percentages where applicable), and be signed by the policyowner, the owner's spouse (if community property state), the irrevocable beneficiary (if one currently exists on the policy) and be witnessed by someone other than the insured, policyowner, or beneficiary. Any previous beneficiary designation and or optional mode of settlement with respect to any death benefit proceeds payable at the death of the Insured is revoked. Any such proceeds shall now be paid in one sum as follows:

Note: If no percentage is given, proceeds will be paid in equal shares to primary beneficiaries who survive the insured and if no primary beneficiaries survive the insured, proceeds will be paid in equal shares to contingent beneficiaries who survive.

PRIMARY BENEFICIARIES:	**RELATIONSHIP TO INSURED**	**PERCENTAGE (Must total 100%)**
Full Name: _____	_____	_____
Address: _____		
_____		
Full Name: _____	_____	_____
Address: _____		
_____		

CONTINGENT BENEFICIARIES:	**RELATIONSHIP TO INSURED**	**PERCENTAGE (Must total 100%)**
Full Name: _____	_____	_____
Address: _____		
_____		
Full Name: _____	_____	_____
Address: _____		
_____		

4 ☐ NAME CHANGE: ☐ **Insured/Annuitant** ☐ **Policyowner** ☐ **Payer** ☐ **Assignee** ☐ **Beneficiary**

Print new name in full: _____

Reason for Change: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Other: _____
(List Reason)

Submit proof such as a driver's license, marriage license, court order, divorce decree, etc.

COLUMBIAN MUTUAL LIFE INSURANCE COMPANY ● HOME OFFICE: BINGHAMTON, NY
COLUMBIAN LIFE INSURANCE COMPANY ● HOME OFFICE, CHICAGO, IL
Administrative Service Offices:
PO Box 1381 ● Binghamton, NY 13902-1381● (800) 423-9765 ● FAX (866) 253-9459
PO Box 1056 ● Syracuse, NY 13201-1056 ● (800) 347-0960 ● FAX (315) 475-6612

DESIGNATION AND NAME CHANGE FORM

5 ☐ **TAXPAYER IDENTIFICATION NUMBER CERTIFICATION**

Sign request in this section and section 6.
Failure to complete this section may result in mandatory 24% backup withholding where required by the IRS.

Withholding Election: ☐ I **DO NOT** want to have Federal or State income tax withheld.

☐ I **DO** want to have Federal or State income tax withheld.

Federal withholding: ☐ _____% or ☐ $ _____

State withholding: ☐ _____% or ☐ $ _____

Taxpayer Identification Number: _____

For individuals, this is your social security number (SSN). For other entities, this is your employer identification number (EIN).
Certification Instructions: You must cross out item (2) below if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.
Certification: Under penalties of perjury, I certify that: **(1)** The number shown is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **(2)** I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding; **and (3)** I am a U.S. person (including a U.S. resident alien).

Policyowner's Signature: _____ **Date:** _____

6 ☐ **SIGNATURE INSTRUCTIONS:**

1. Policy owner must sign and date this form.
2. Policy owner spouse must sign if Application State was AZ, CA, ID, LA, NV, NM, TX, WA or WI.
3. Insured must sign this form if the change to section 3 is for a rider.
4. All irrevocable beneficiaries and collateral assignees must sign this form.
5. Signatures must be witnessed. Witness cannot be the policy owner, policy owner's spouse, insured, assignee or beneficiary.

Signed At (City & State): _____ Date: _____

_____ _____
Signature of Present Owner Signature of Assignee

_____ _____
Signature of Insured (if other than Present Owner) Signature of Irrevocable Beneficiary

_____ _____
Signature of Spouse **(See Instruction #2)** Witness or Notary Signature