

CHANGE OF BENEFICIARY/LOSS PAYEE DESIGNATION

Name of Insured: _____ Date of Birth: _____
Address of Insured: _____
Policy/Certificate Number: _____ Type of Coverage: _____

Owner of Above Listed Policy/Certificate:

Name: _____
Address: _____
Relationship to Insured: _____

Current Beneficiary/Loss Payee:

Name: _____ Date of Birth: _____
Address: _____
Relationship to Owner: _____

New Beneficiary/Loss Payee:

Name: _____ Date of Birth: _____
Address: _____
Relationship to Owner: _____

Contingent Beneficiary:

Name: _____ Date of Birth: _____
Address: _____
Relationship to Owner: _____

In the event that the named beneficiary or contingent beneficiary are both deceased or are unable to accept any benefits, benefits shall be payable to the Insured's estate.

Dated at _____ This _____ Day of _____ 20_____

Signature of Policy Owner: _____

INSUBUY, INC.

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