



BENEFICIARY CHANGE REQUEST – NOMINATING MINORS
CICA LIFE OF AMERICA

Policyholder Services • P.O. Box 149151 • Austin TX 78714-9151 • Telephone: (800) 880-5044 • Email: PHS.USA@citizensinc.com

Policy Number (10-digits) :	Insured:	Owner (If other than Insured):	Date:
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INSTRUCTIONS: Mark and complete any section(s) of the form to indicate your request. Date and sign this form for which you have made a request. Mail this completed form to the address listed at the top of the form.

Upon receipt at the home office, the requested changes will be processed subject to the policy provisions. Any request received by the Company more than 60 days after the date the request was signed may be returned to you for a current date and signature.

I direct any endorsement of the policy requested above be effected upon the Company's acceptance and acknowledgment evidenced below. I understand a change of beneficiary designation shall take effect as of the Acknowledgment of Request for Change date and I agree the Company may waive any policy provision requiring return of the policy for endorsement, but at its discretion may require its return. Unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiary (ies) who survive the insured; however, if none survive, proceeds will be paid in equal shares to any contingent beneficiary(ies) who survive the insured.

-----SIGN BELOW FOR THE ABOVE REQUEST(S)-----

<input type="checkbox"/> BENEFICIARY FOR LIFE INSURANCE ONLY	I hereby revoke all prior designations of beneficiary and request the designation below:				
	PRINT FULL GIVEN NAME AND SURNAME		SELECT TYPE OF BENEFICIARY ELECTING: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ENTITY <input type="checkbox"/> TRUST		
	Beneficiary/ies - Name of Minor:		Name of Custodian:	PERCENTAGE:	RELATIONSHIP TO INSURED:
	Address of Custodian:		DOB:	SSN OR TAX ID:	
	Email:		PHONE:		
	Contingent/s – Name of Minor:		Name of Custodian:	PERCENTAGE:	RELATIONSHIP TO INSURED:
	Address of Custodian:		DOB:	SSN OR TAX ID:	
	Email:		PHONE:		

Signature & Printed Name of Witness : Notary Public

Signature of Owner :

Date

THE UNDERSIGNED ASSIGNEE AND IRREVOCABLE BENEFICIARY AGREE(S) TO THE ABOVE REQUEST(S) AND CHANGE(S).

Signature of Assignee (If Any) :

Signature of Irrevocable Beneficiary (If Any):

HOME OFFICE USE ONLY ACKNOWLEDGMENT OF REQUEST FOR CHANGE – PLEASE ATTACH TO POLICY	
Dated on _____, 20____ by _____	_____
Print Company Representative Name & Title	Signature

GENERAL PROVISIONS

A. We reserve the right to reject any proposed Beneficiary subject to state limitations. The Company is authorized to make any clarifying additions or amendments to this Change of Beneficiary form.

B. The Company is authorized to consider a fax or a photocopy of this signed form as valid as the original signed form.

C. The Company may rely on an affidavit of the Owner or other adult in determining family relationships and in identifying members of a class.

D. Trust Beneficiaries

- If the Trust fails to make claim for the policy proceeds within 12 months after receiving notification of the Insured's death, or if the Company receives satisfactory written evidence that the Trust is not in effect, payment will be made as if the Trust was not named as a Beneficiary.
- Before making payment to any Trust, the Company reserves the right to require satisfactory written evidence that the Trust is in effect and evidence of the identity of the Trustee(s) who are qualified to act on behalf of the Trust. The Company shall be fully protected in acting in reliance upon such evidence.
- The Company's responsibility for the payment of proceeds ends with the payment to the Trustee(s); it has no responsibility regarding any subsequent distribution.

E. Irrevocable Beneficiary

The beneficiary will become an irrevocable beneficiary and must provide consent for future transactions.

Minors who are designated as irrevocable beneficiaries will not be permitted to approve future transactions until they reach the age of majority.

F. Minor Beneficiary Clause - Trustee for Children – The Trustee appointed to any beneficiary who is a minor child will receive any payment due on or after the Insured's death on the date such payment falls due. Payment by the Company to such Trustee shall be an absolute and complete release and acquittance of the Company which shall not be held accountable or responsible for the use and application of the death benefit proceeds paid to such Trustee.

G. Custodian under the Uniform Transfers or the Uniform Gifts to Minors Act (UTMA or UGMA) acting for Minor Beneficiary. Selecting a Custodian for each Minor that you have included as a Beneficiary may help speed up the payment process.

H. Payment to the Issue of a Deceased Child (Per Stirpes): If a child of the Insured is named as a Beneficiary and that child dies before the Insured, that child's share of the proceeds will be paid to that child's living children in equal shares.