



# ManhattanLife Insurance Company

PO BOX 926169, Houston, TX 77092 Fax: 1-855-710-6864

## Voluntary Benefits Beneficiary Form

### Insured Information

Insured's Name: \_\_\_\_\_ Policy Number (One Only) \_\_\_\_\_

Insured's Social Security Number: \_\_\_\_\_

Insured's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_ Insured's Telephone \_\_\_\_\_

### Policy Owner Information

Policy Owner's Name : \_\_\_\_\_

Policy Owner's Social Security Number: \_\_\_\_\_

Policy Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_ Policy Owner's Telephone: \_\_\_\_\_

**THE UNDERSIGNED POLICY OWNER HEREBY REVOKES ANY PREVIOUS BENEFICIARY DESIGNATION AND ANY OPTIONAL MODE OF SETTLEMENT WITH RESPECT TO ANY DEATH BENEFIT PROCEEDS PAYABLE AT THE DEATH OF THE INSURED. POLICY OWNER HEREBY MAKES THE BELOW BENEFICIARY DESIGNATION(S). PROCEEDS SHALL BE PAID IN ONE SUM.**

**IMPORTANT: Check and complete only one of the options below (1-3)**

**1. PRIMARY BENEFICIARY(IES) (Designation must add up to 100% - If no percentage is listed, shares will be divided equally)**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Address \_\_\_\_\_ Designation \_\_\_\_\_ %

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Address \_\_\_\_\_ Designation \_\_\_\_\_ %

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Address \_\_\_\_\_ Designation \_\_\_\_\_ %

**CONTINGENT BENEFICIARY(IES) (Designation must add up to 100% - If no percentage is listed, shares will be divided equally)**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Address \_\_\_\_\_ Designation \_\_\_\_\_ %

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Address \_\_\_\_\_ Designation \_\_\_\_\_ %

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Address \_\_\_\_\_ Designation \_\_\_\_\_ %



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## 2. TRUSTEE(S) AS PRIMARY BENEFICIARY

Name of Trust: \_\_\_\_\_ Date of Trust: \_\_\_\_\_

Trustee(s): \_\_\_\_\_

Mailing Address for Trust: \_\_\_\_\_

Trustee's Phone Number(s): \_\_\_\_\_

If the Trust is terminated, benefits shall be payable to the Insured's Estate.

## 3. INSURED'S ESTATE - The Insured's Estate

Either or both of the following may be checked if desired.

### 4. POSTPONEMENT CLAUSE

In no case shall any payment be made to any beneficiary designated in this form until thirty (30) days have elapsed following the Insured's death, and in the event of the death of a beneficiary during such period, payment shall be made in the same manner as provided in this form, had the said beneficiary predeceased the Insured. This provision does not apply to a Trustee.

### 5. CHILDREN'S CLAUSE

If a child of the Insured predeceases the Insured leaving children who survive the Insured, the share such deceased beneficiary would have received had such beneficiary survived the Insured, shall be paid in equal shares to the surviving children of such deceased beneficiary.

In the event no beneficiary survives the Insured, the benefits will be paid according to the terms of your Policy, which may mean benefits would be paid to the Estate of the Insured.

**THIS CHANGE IS SUBJECT TO THE PROVISIONS ON THE FOLLOWING PAGE.**

Signature of Policy Owner \_\_\_\_\_

Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Date \_\_\_\_\_

Received and filed with the Insurer:

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_



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## PROVISIONS

Unless otherwise provided in the Policy, this beneficiary change shall take effect on the date this form is signed and witnessed, subject to any payments made or action taken by the Insurer before this change is acknowledged by its Home Office.

The Insurer may amend this designation to include any provisions which may be necessary to conform this designation to the Insurer's rules practices and to the terms of the Policy.

The following provisions will apply to this change even though the policy may state otherwise:

The word "Insured" shall mean "Annuitant" where applicable. The word "Contract" is deemed substituted for the word "Policy" where applicable. The word "Owner" means the person or entity that owns and controls this Policy.

Payment of proceeds to any beneficiary is subject to the interest of any assignee.

The term "children of the Insured" shall include any legally adopted child or children of the Insured.

Any payment to a minor beneficiary shall be made to the legally appointed guardian of his or her estate, unless otherwise permitted by law.

In the event a Trustee is named as beneficiary, the Insurer shall not need to inquire into the terms of the trust and shall not need to know its terms. Payment to the named Trustee shall fully discharge all liability of the Insurer to the extent of such payment.

The Policy Owner reserves the right to later change the beneficiary.

## LIMITATIONS

This form is not to be used to elect an optional mode of settlement. If a payment in other than one sum is desired, contact the Insurer for help.

This form is not to be used to change the beneficiary in a Family Plan Policy.

If none of the beneficiary designations numbered 1 through 3 provide the settlement wanted by the Policy Owner, contact the Insurer preferably in writing, giving full details so that the appropriate forms can be prepared.

The reference to the Trustee designation on the reverse side of the form was not intended to cover testamentary disposition of proceeds. If a testamentary designation is desired, please write to the Insurer.

If the Policy Owner cannot sign the form other than making his mark (x), contact the Insurer giving full details. The Insurer will indicate the necessary requirements for making the requested change.

## INSTRUCTIONS

If a change of beneficiary is desired on more than one policy, complete a separate form for each policy.

Place an "X" in only one of the boxes numbered 1 through 3 to select the desired beneficiary designation. Complete the information requested for that designation. Give the full name (first name, middle initial, and last name) of the desired beneficiary(ies) and the relationship, if any, of each to the Insured and the date of birth. For designation number 2, identify the trust and give the date of the trust agreement.

If a beneficiary is a married woman, furnish her given name, e.g., "Mary S. Doe", not "Mrs. John A. Doe".

A postponement clause (common disaster) and/or a children's clause (per stirpes) may be elected by checking boxes 4 and/or 5.

The Insured or Policy Owner should sign the form exactly as designated in the policy. All signatures should be witnessed. This form is not to be altered.