



Change Of Beneficiary

Check one:

Please print or type all information. See instructions.

- Continental Assurance Company, CNA Plaza, Chicago IL 60685
 - Valley Forge Life Insurance Company, 401 Penn Street, Reading PA 19601
- Executive Office: CNA Plaza, Chicago IL 60685
 Administrative Office: CNA Life, P.O. Box 305153, Nashville TN 37230-5153

Policy No.: _____ Insured: _____

Owner: _____

I, owner of the above numbered policy, revoke the beneficiary designation and any election of settlement option now in effect, and change the beneficiary designation for payment of the net proceeds in one sum to:

Primary Beneficiary's Name and Address: _____

Date of birth

Relationship to insured

Contingent Beneficiary's Name and Address: _____

Date of birth

Relationship to insured

If the above Policy now requires endorsement of Change of Beneficiary, I request that the Company waive all such requirements. I expressly agree that the above revocation and change, upon being filed with the Company, will take effect as of the date this notice was signed, except as to any payment made by the company before this revocation and change is recorded by the Company. The right to change the beneficiary is reserved unless otherwise stated above.

I authorize the above change of beneficiary.

Dated the _____ day of _____ (month/year).

Owner (Officer's Title)

Witness (required for residents of MA only)

Spouse (Community Property States only)
(AZ, CA, ID, LA, NM, NV, WA, WI)

Irrevocable Beneficiary (only required if the previous beneficiary included an irrevocable designation)

The above requested **Change of Beneficiary** has been accepted and recorded by **The Company** at its Office

By: _____ Date: _____

Do Not Send Policy with this Form

Instructions

Change Of Beneficiary

1. This form is not acceptable unless it is fully completed, dated, and properly signed.
2. No erasures or alterations are permitted. If an error or errors are made, fill out a new form.
3. All signatures must be in ink and written exactly as the name is given in the policy or assignment (except in the case of a woman who has changed her name by marriage, the husband's last name should be added to hers).
4. If more than one Beneficiary is named, state the exact manner in which they are to share in the proceeds. (See below)
5. If the proposed Beneficiary is a married woman, use her own given names and her husband's last name.
6. A separate form should be used for each policy.
7. Please note that the previously designated beneficiary must sign only if such designation was made without the right of revocation.
8. If policy is corporately owned an officer of the Corporation, **Other Than The Insured**, must sign on behalf of the Corporation, indicating corporate title.
9. Signature of Witness is required for residents of Massachusetts only.

Examples of Wording Of Typical Beneficiary Designations

The following examples represent the most common beneficiary changes. In case of doubt, you may contact a Life Specialist at 1-800-437-8854 for assistance.

1. Children: Unless otherwise requested, "Children" shall mean any lawful children of the insured by birth or adoption. In the event that step-children are listed as children, please provide names.
2. If one beneficiary: Mary E. Doe, Wife. (A married woman should not be designated as Mrs. John Doe.)
3. If two beneficiaries (equal amounts): John H. Doe, Father and Mary E. Doe, Mother, equally or to the survivor.
4. If three or more beneficiaries (equal amounts): John H. Doe, Father, Mary E. Doe, Mother, and Jane Doe, Sister, equally or to the survivors or survivor.
5. Unequal amounts: 75% to Jane Doe, Wife, 15% John Doe, Son, and 10% to Jane Doe, Daughter.
6. Primary and contingent beneficiaries: Mary E. Doe, Wife, if living; otherwise to John Doe, Son, and Jane Doe, Daughter, equally or the survivor.
7. Trust Beneficiary: The _____ Trust _____ as trustee(s) under written trust agreement dated _____. (Please include the Tax ID number for the trust. This is required for future reference).
8. Partnership beneficiary: Smith, Jones and Brown, a partnership consisting of John A. Smith, William Jones and Henry Brown.
9. Common Disaster Clause: Mary E. Doe, Wife, if living on the day after the death of the Insured; otherwise to John Doe, Son, and Jane Doe, Daughter, equally or the survivor.
10. Irrevocable beneficiary: Mary E. Doe, Wife, Without Reserving the Right to Change the Beneficiary. If this type of designation is made, the consent of such beneficiary or beneficiaries will be required to exercise a subsequent right or privilege under said policy, including the right to designate a new beneficiary.

Caution: The relationship of the proposed beneficiary to the person whose life is insured is needed for the purpose of identification. If no relationship exists, please furnish other information that will serve to identify the beneficiary.