



A Leading Provider of Supplemental Life & Health

LIFE INSURANCE COMPANY OF ALABAMA
PO BOX 349
GADSDEN, AL 35902

Policy No. \_\_\_\_\_

BENEFICIARY CHANGE FORM

Change Primary Beneficiary(s) to:
DOB Relationship Social Security No.

Change Contingent Beneficiary(s) to:
DOB Relationship Social Security No.

OWNER: DATE Witness (Non-Related)
Social Security No.

Home Office Use
The above beneficiaries have been recorded.

DATE Secretary