



**Starmount Life Insurance Company**  
 P. O. Drawer 98100  
 Baton Rouge, LA 70898-9100

## BENEFICIARY CHANGE REQUEST

Insured \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_  
(street) (city) (state) (zip)

SS# \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Policy Number \_\_\_\_\_

1. \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Beneficiary (Last name, First name, MI) Date of Birth Relationship % Phone #  
 Address \_\_\_\_\_ City/State \_\_\_\_\_  Primary  Contingent  Tertiary

2. \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Beneficiary (Last name, First name, MI) Date of Birth Relationship % Phone #  
 Address \_\_\_\_\_ City/State \_\_\_\_\_  Primary  Contingent  Tertiary

3. \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Beneficiary (Last name, First name, MI) Date of Birth Relationship % Phone #  
 Address \_\_\_\_\_ City/State \_\_\_\_\_  Primary  Contingent  Tertiary

4. \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Beneficiary (Last name, First name, MI) Date of Birth Relationship % Phone #  
 Address \_\_\_\_\_ City/State \_\_\_\_\_  Primary  Contingent  Tertiary

5. \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Beneficiary (Last name, First name, MI) Date of Birth Relationship % Phone #  
 Address \_\_\_\_\_ City/State \_\_\_\_\_  Primary  Contingent  Tertiary

6. \_\_\_\_\_ / \_\_\_\_/\_\_\_\_ \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Beneficiary (Last name, First name, MI) Date of Birth Relationship % Phone #  
 Address \_\_\_\_\_ City/State \_\_\_\_\_  Primary  Contingent  Tertiary

**NO REQUEST ON THIS FORM SHALL BECOME EFFECTIVE UNLESS THE OWNER SIGNS BELOW.** All prior beneficiary designations and methods of settlement are hereby revoked. All requests must be currently dated and signed. Unless otherwise provided above, if a named owner, other than the Insured, dies before insured, all ownership rights shall pass to the executor/administrator of the deceased owner's estate.

Policy Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Policy Owner's Phone # \_\_\_\_\_ Cell or Work Phone # \_\_\_\_\_