



**REQUEST  
FOR CHANGE**

**Return to:**  
National Insurance Services  
250 S. Executive Drive  
Brookfield, WI 53005-4273  
Attn: Billing Dept.  
1-800-627-3660

**CURRENT INFORMATION**

Employer Name \_\_\_\_\_ Carrier ID Number\* \_\_\_\_\_  
Insured's Name \_\_\_\_\_ Insured's Social Security # \_\_\_\_\_  
Insured's Telephone Number \_\_\_\_\_ Employee's Social Security #\*\* \_\_\_\_\_  
Employee's Name\*\* \_\_\_\_\_

\*Found on Certificate of Insurance    \*\*If different than insured's

**CHANGE OF NAME**

I hereby request my name to be changed to \_\_\_\_\_  
My name prior to this change was: \_\_\_\_\_  
Reason for change of name: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**CHANGE OF BENEFICIARY**

Under and subject to the terms of the policy for the employer listed above, the insured hereby revokes any former designation of beneficiary and now designates as beneficiary(ies):

**Please Note:**

- 1) If a minor is named as beneficiary, the following should be taken into consideration: The insurance company cannot disburse benefits directly to a minor. Additionally, the insurance company cannot pay a 'Natural Guardian', it can only pay a 'Legal Guardian'. Legal guardians must be appointed by the courts. If a legal guardian is not appointed, benefits due to a minor will remain on deposit, and earn interest, with the insurance company until the minor is of legal age.
- 2) If the insured resides in a community property state, it may be unlawful to name someone other than the insured's spouse as a beneficiary without the insured's spouse's consent. Community property states include, but might not be limited to: AZ, CA, ID, LA, NM, NV, TX, WA and WI.

Your Death Benefits are to be paid to Primary Beneficiary(ies)			If Primary Beneficiary(ies) is/are not living at your death, benefits are to be paid to Secondary Beneficiary(ies)		
Name (Last, First, Middle)	Relationship	% of Benefit	Name (Last, First, Middle)	Relationship	% of Benefit

Date \_\_\_\_\_ Signature of Insured \_\_\_\_\_ Signature of Spouse (Required for community property states only) \_\_\_\_\_

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

The Company hereby consents to the change of beneficiary above and has amended its records.

*Signature on File*

Date approved \_\_\_\_\_  
Larry Graber - President  
Madison National Life Insurance Company