



## CHANGE OF BENEFICIARY

Insured: \_\_\_\_\_ Policy # \_\_\_\_\_

Please change the Beneficiary on the above referenced policy to:

Beneficiary Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to Insured: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Contingent Beneficiary Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to Insured: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

Original signature is required to be returned to the company at the address below.

673 East Cherry Lane, P.O. Box 64477, Souderton, Pennsylvania 18964  
215-723-3044 ~ 800-872-3044 ~ Fax 215-723-8036 ~ [www.usaofpa.com](http://www.usaofpa.com)

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