



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

AMENDMENT

**BENEFICIARY, OWNERSHIP, NAME,
 ADDRESS CHANGE REQUEST**

Insured _____ Today's Date ____/____/____

Mailing Address _____
(street) (city) (state) (zip)

Insured's Social Security # _____ Phone # (____) _____ Policy Number _____

NO REQUEST ON THIS FORM SHALL BECOME EFFECTIVE UNLESS CHECKED IN THE BOX PROVIDED AND THE OWNER SIGNS BELOW.

1. CHANGE ADDRESS as shown above.

2. BENEFICIARY CHANGE (See instructions on reverse side -- PLEASE PRINT)

All prior beneficiary designations and methods of settlement are hereby revoked and I request the Company to change the beneficiary to be paid in a single sum to:

1. _____ / ____/____
 Beneficiary Date of Birth Relationship
 Address _____ City/State _____ Zip _____

2. _____ / ____/____
 Beneficiary Date of Birth Relationship
 Address _____ City/State _____ Zip _____

3. _____ / ____/____
 Beneficiary Date of Birth Relationship
 Address _____ City/State _____ Zip _____

Unless stated otherwise, proceeds shall be paid in equal shares when more than one beneficiary is listed. If no designated beneficiary lives to receive payment, proceeds shall be paid according to the terms of the policy.

3. NAME CHANGE for: Insured Owner Beneficiary

From _____ To _____

State reason for change _____
(See instructions on reverse side about evidence of change)

4. OWNERSHIP CHANGE (See instructions on reverse side -- PLEASE PRINT)

I transfer all benefits rights and privilege incident to ownership of the above policy. No other person, firm or corporation has any interest in the policy except the undersigned and no proceeding in insolvency or bankruptcy have been instituted or are pending against the undersigned.

THE NEW PRIMARY OWNER shall be (show name and address, plus date of birth and relationship):

_____ / ____/____
 Name Date of Birth Relationship
 Address _____ City/State _____ Zip _____

New Owner's Signature _____ Social Security No. ____-____-____

I agree to the above request(s).

Present Owner's Signature _____ Date _____

Witness _____ Date _____

Present Owner's Phone # _____ Cell or Work Phone # _____

All requests must be currently dated and signed. Please refer to the reverse side of this form for signature requirements. 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.

HOME OFFICE USE ONLY Change Made By _____ Date ____/____/____ Office Manager Approval _____
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BENEFICIARY, OWNERSHIP, AND NAME CHANGE INSTRUCTIONS

The policy owner must check the appropriate box on this request to indicate the change(s) desired and include all relative information in spaces provided. This form must be filled out, **dated** and **signed**. Following these instructions will assure that the change(s) are made promptly and accurately.

Section 1. **CHANGE ADDRESS** -- Check this box if the address stated is to appear on all future billings and correspondence.

Section 2. **BENEFICIARY CHANGE** -- Clearly print the full name, age, relationship and address of the new beneficiary(ies) to the insured.

“Children” includes those born of the marriage and legally adopted. Step-children are not represented in this term and must be listed specifically.

Section 3. **NAME CHANGE** -- Print the name as shown on the policy, and any change/correction to that name on the appropriate lines. State the reason for the name change; such as “marriage” or “divorce.” If the reason for the name change regards a court action, a copy of the court order must accompany this form.

Section 4. **OWNERSHIP CHANGE** -- Clearly print the full name, birth date and relationship of the new owner to the insured. Include the Social Security Number and current address of the new owner in the spaces provided. The new owner must sign the lower portion of this form.

(a) A **minor** owner cannot exercise ownership rights prior to attaining legal age in the state which he/she resides; except through a court appointed guardian.

(b) Any **assignee** of record must sign a request for change of ownership along with the current policy owner.

(c) Ownership held by more than one individual must be stated as **jointly**. Ownership rights cannot be divided into shares.

SIGNATURES -- All changes on this form must be **signed by the policy owner, dated currently, and witnessed by a disinterested adult. If the present owner is deceased, a certified copy of the death certificate must be furnished.**

Any questions concerning completion of the form may be directed to your agent or the Home Office of Starmount Life Insurance Company.