

BENEFICIARY CHANGE FORM
and
ADDRESS CHANGE FORM

COMPLETE AND RETURN FORM TO:
Selman & Company
6110 Parkland Boulevard
Cleveland, OH 44124



Name of Insured or Insured Member	Policy Number	Certificate Number or Identification Number
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Please make the benefits payable at the death of the above-named Insured or Insured Member to the beneficiary(ies) named below.

All previous designations on record with the Company under the above-referenced Policy/Certificate are hereby cancelled. If two or more beneficiaries are named, each surviving beneficiary is to share equally unless otherwise stated by me. **PLEASE PRINT ALL INFORMATION AND SEE BACK OF THIS FORM FOR INSTRUCTIONS.**

Section 1: Primary Beneficiary(ies)

Name of Primary Beneficiary(ies)	Address of Primary Beneficiary(ies)	Date of Birth	Relationship to Insured or Insured Member	Percentage Allocation

Section 2: Contingent Beneficiary(ies)

Name of Contingent Beneficiary(ies)	Address of Contingent Beneficiary(ies)	Date of Birth	Relationship to Insured or Insured Member	Percentage Allocation

Section 3:

Signature of Insured/Member X _____ Date: _____ Print name:	Signature of Witness (Other than Insured or Beneficiary) X _____ Date: _____ Print name:
Signature of Spouse (If spousal consent is required in your state, please have spouse sign & date) X _____ Date: _____ Print name:	Signature of Witness (Other than Insured or Beneficiary) X _____ Date: _____ Print name:
Signature of Owner if other than the Insured X _____ Date: _____ Print name:	Signature of Witness (Other than Owner, Insured or Beneficiary) X _____ Date: _____ Print name:

Section 4:

(Do not write below this line - Monumental Life Insurance Company use only)
Accepted and recorded by the Company at its Home Office or its authorized agent:

Date accepted and recorded:	Accepted and recorded by:
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BENEFICIARY CHANGE INSTRUCTIONS

Please read ALL instructions carefully.

1. Naming your Beneficiary:

- *Give complete name, address, date of birth, relationship, and % allocation for each Primary and Contingent Beneficiary.
- *For wife, give complete name, for example Joan Johnson, not Mrs. Johnson.
- *For a trust beneficiary, give name(s) of trustee(s), and the date of the trust document.

(a) Primary Beneficiary(ies) (Section 1):

- *Death proceeds are payable to the Primary Beneficiary(ies), if living.
- *Please complete by printing all requested information for each Primary Beneficiary (you may name more than one Primary Beneficiary).
- *If more than one Primary Beneficiary is named, please indicate the % to go to each. Otherwise proceeds will be paid equally.

(b) Contingent Beneficiary(ies) (Section 2):

- *If no Primary Beneficiary(ies) is living upon your death, proceeds go to the Contingent Beneficiary(ies).
- *Please complete by printing all requested information for each Contingent Beneficiary (you may name more than one Contingent Beneficiary).
- *If more than one Contingent Beneficiary is named, please indicate the % to go to each. Otherwise proceeds will be paid equally.

2. Company Section (Section 4)

- *Do not write in this Section. For Company use only.
- We will mail you a copy of this form once it has been validated.

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ADDRESS CHANGE

Please change my address as indicated below:

Full Name (please print)		Insured ID #	
<i>(From) OLD ADDRESS</i>		<i>(To) NEW ADDRESS</i>	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	

X _____ **Date** _____
 Signature of Primary Insured