

**BENEFICIARY CHANGE FORM**

**CHUBB®**

Administrative Office:  
PO Box 506  
Keene NH 03431-0506

**A. Coverage Information**

Certificate Number: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Name of Certificateholder(s) \_\_\_\_\_ Social Security or TIN No. (include dashes) \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**B. Beneficiary Changes.** *Please include the address and Social Security Number of beneficiary(s)*

\_\_\_ Change Beneficiary(ies).

I hereby revoke any and all prior beneficiary designations and existing settlement agreements, if any, and elect to change the beneficiary(ies) under the above numbered certificate as follows:

**Primary Beneficiary(ies):** For multiple beneficiaries, payment will be made in equal share unless otherwise stated below.

Full Name (as it should appear on Company records) % Address (including City/State/Zip) Relationship Date of Birth Social Security #

**Contingent Beneficiary(ies):** For multiple beneficiaries, payment will be made in equal share unless otherwise stated below.

Full Name (as it should appear on Company records) % Address (including City/State/Zip) Relationship Date of Birth Social Security #

It is understood and agreed that, unless otherwise directed, proceeds will be paid in accordance with the certificate provisions.

**C. Signatures.**

\_\_\_\_\_  
Certificateholder's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse \_\_\_\_\_ Date \_\_\_\_\_  
*(req. in community property states)*

\_\_\_\_\_  
Irrevocable Beneficiary's Signature \_\_\_\_\_ Date \_\_\_\_\_ Assignee's Signature \_\_\_\_\_ Date \_\_\_\_\_