Gleaner
Life Insurance Society

www.gleanerlife.org
5200 West U.S. Highway 223
P.O. Box 1894, Adrian, Michigan 49221
p 800.992.1894 | **f** 517.265.7745
gleaner@gleanerlife.org

BENEFICIARY CHANGE REQUEST

1. CERTIFICATE INFORMATION

Certificate Number(s)			
Insured/Annuitant Name (First, Middle, Last)	SSN	Date of Birth (MM/DD/YYYY)	
Address	City	State	Zip
Phone Number	Email address		
Owner Name (if different than Insured)	SSN (or TIN)	Date of Birth (MM/DD/YYYY)	
Address	City	State	Zip
Phone Number	Email address		

2. IF DESIGNATING A TRUST AS BENEFICIARY

☐ Primary ☐ Contingent (If a box is not checked, the default will be Primary.)	Percentage _____%
Name of Trust	Tax I.D. Number
Name of Trustee(s)	Trust Date
Please include the following Trust pages: Title Page, Grantor's Rights Page(s), Successor Trustee(s) Page and Signature Page.	

3. IF DESIGNATING INDIVIDUALS, ESTATES OR ORGANIZATIONS AS A BENEFICIARY

Total % share for all primary beneficiaries must equal 100%. Total % share for all contingent beneficiaries must equal 100%.

If a box is not checked, the beneficiary default will be Primary. All percentages must be in whole numbers; fractions are not permitted.

Check one: ☐ Primary ☐ Contingent	Percentage _____%	☐ Distribute "Limited Per Stirpes"	
Individual or Company Name	SSN (or TIN)	Date of Birth	Relationship to Insured
Address	City	State	Zip
Check one: ☐ Primary ☐ Contingent	Percentage _____%	☐ Distribute "Limited Per Stirpes"	
Individual or Company Name	SSN (or TIN)	Date of Birth	Relationship to Insured
Address	City	State	Zip
Check one: ☐ Primary ☐ Contingent	Percentage _____%	☐ Distribute "Limited Per Stirpes"	
Individual or Company Name	SSN (or TIN)	Date of Birth	Relationship to Insured
Address	City	State	Zip
Check one: ☐ Primary ☐ Contingent	Percentage _____%	☐ Distribute "Limited Per Stirpes"	
Individual or Company Name	SSN (or TIN)	Date of Birth	Relationship to Insured
Address	City	State	Zip

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4. USE FORM 437-15 ATTCH TO NAME ADDITIONAL BENEFICIARIES.

☐ If you are attaching form 437-15 ATTCH, please check this box. All forms must be submitted together.

5. REQUIRED SIGNATURES

By signing below:

- I understand that by submitting this document, I revoke any existing beneficiary designations and settlement agreement, if any, and request the Society to change the beneficiary for the listed certificate(s).
- I reserve the right to make changes at any time I may elect.
- I agree that all decisions upon questions of fact in determining any unnamed beneficiaries herein designated, made by the Society in good faith, based on proof by affidavit or other written evidence satisfactory to it, shall be conclusive and fully protect the Society in acting in reliance thereon.
- I agree that payments made to any Trustee(s) herein designated, or their successor(s) in Trust, shall fully and finally discharge the Society from all further liability for the amount so paid.
- I represent and certify that no insolvency or bankruptcy proceedings are now pending against me.
- I understand the change in beneficiary designated above will take effect only if received and approved by the Society at the Home Office. When it is received, any change will take effect as of the date the request was signed, as long as the request for change was mailed or delivered to the Society while the Insured/Annuitant/Owner was alive. The beneficiary change will be null and void if the Society has made a good faith payment of the proceeds or has taken other contrary action before receiving the change

OWNER SIGNATURE (If signing on behalf of the owner, complete the second section below.)
For corporations: one officer must sign unless the signing officer is also the Insured, in which case, an additional officer's signature is required. Provide a copy of Corporate Resolution.

Owner Signature	Title (if corporate-owned)	Date

SIGNATURE ON BEHALF OF OWNER
If you are signing on behalf of the owner, please print your name and provide your signature below. Check the box that applies to the capacity in which you are signing. If you have not already done so, please provide a copy of your Power of Attorney, Conservatorship, or Guardianship documents and your Driver's License or State Identification to verify you are authorized to act on behalf of the owner.

☐ Power of Attorney ☐ Conservator ☐ Guardian

Signature	Printed Name	Date

6. SPOUSAL CONSENT (for residents of AZ, CA, ID, LA, NM, NV, TX, WA and WI)

In the states listed above, spousal consent is required for beneficiary changes, even if the spouse is to become the new beneficiary.

☐ If you do not have a spouse, or if your spouse is deceased, please check this box.

By signing this form, I consent to the designation of the beneficiary(ies) listed. I understand and agree:

- That the effect of this designation may cause some or all of my spouse's death benefit to be paid to a beneficiary other than me;
- That each beneficiary designation is valid; and my consent is irrevocable unless my spouse revokes the beneficiary designation(s).

Spouse's Signature	Printed Name	Date

BENEFICIARY CHANGE REQUEST INSTRUCTIONS

- Beneficiary Change Request form 437-04 is used to change the beneficiary designation for the insured or annuitant.
- Beneficiary Change Request – Non-Tax Qualified (NTQ) Annuity form 437A-08 is used to list separate designations if the annuitant and owner are two separate individuals.
- The Beneficiary Change Request form must be completed fully and properly in order for us to process the requested changes. Partial requests will be void.
- If the owner is married and is a resident of AZ, CA, ID, LA, NM, NV, TX, WA and WI, his or her spouse must consent to the beneficiary change by signing Section 6 of this form.
- For additional space in naming beneficiaries, please use the Additional Beneficiary Attachment form - 437-15 ATTCH.
- To expedite the processing of your request all pages, including the Additional Beneficiary Attachment form - 437-15 ATTCH, must be received together.
- One Beneficiary Change Request may be used for multiple certificates with the same Owner and Insured/Annuitant.
- **Beneficiary percentage:** Percentages must be used to divide proceeds. Dollar amounts and fractions cannot be used. If no percentages are listed, proceeds will be divided equally. All proceeds must equal 100% for primary or contingent listings.
- You may designate "Limited Per Stirpes" for a listed beneficiary by checking the box located next to each beneficiary designation. The Society will not accept/honor Per Stirpes designation. In the event a named beneficiary predeceases the Insured/Annuitant/NTQ Owner leaving children who survive, the share such deceased beneficiary would have received had such beneficiary survived the Insured/Annuitant/NTQ Owner, shall be paid in equal shares to the surviving children of such deceased beneficiary. A Limited Per Stirpes limits the succession to one generation only.
- Contingent beneficiaries will receive death benefit proceeds in the event that no primary beneficiaries survive the Insured/Annuitant/NTQ Owner and if the designations did not include "Limited Per Stirpes".
- The Society will not accept complex or conditional beneficiary designations. The word "or" cannot be used when listing a designation.
- The same person cannot be listed as a primary and a contingent beneficiary.
- Trusts: If you designate a trust as a Beneficiary, the death benefit will be payable to the trust and not to individuals named as beneficiaries of the trust.
- IMPORTANT NOTE: Any payment to a minor beneficiary shall be made to the legally appointed guardian of his or her estate, unless otherwise permitted by law.
- "Lawful children of the Insured/Annuitant" may be used to include lawful children who may be born in the future. All children currently living should be listed separately. A Statement of Heirship form may be required if all children are not named at the time of a claim.
- You may name your estate as beneficiary. The Society cannot make payment to your estate until we receive a certified Letter of Appointment from the court, identifying the executor of your estate.
- Payment of proceeds to any beneficiary is subject to the interest of any assignee.
- If the owner of the certificate is married and lives in a community property state, the owner's spouse must sign the Spousal Consent before a change can be processed.
- If you make a change on this form (cross-outs, overwrites, etc.), please initial and date the changes before submitting the form. White out will not be accepted.
- The Society will not accept any form dated more than 90 days prior to the date it is received in the Home Office.

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Gleaner Life Insurance Society is domiciled in Adrian, Michigan, and licensed in AZ, FL, GA, IA, IL, IN, KS, KY, MI, MO, NC, NE, OH, PA, SC, TN, VA, WI and WV.