

**MISSOURI LIFE & HEALTH INSURANCE  
GUARANTY ASSOCIATION**

630 Bolivar Street, Suite 204  
JEFFERSON CITY, MO 65101

**REQUEST FOR CHANGE OF BENEFICIARY**

I, the undersigned, holder of Policy No. \_\_\_\_\_ hereby request that you  
change the Beneficiary of my policy from: \_\_\_\_\_

\*TO: \_\_\_\_\_  
( \_\_\_\_\_ ) Relationship of Beneficiary

Date: \_\_\_\_\_, 20\_\_\_\_\_

Policyholder/Member Name: \_\_\_\_\_

Policyholder/Member Signature: \_\_\_\_\_

Policyholder/Member Phone No.: \_\_\_\_\_

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Signature of Witness: \_\_\_\_\_

Name of Witness (Please print): \_\_\_\_\_

Address of Witness: \_\_\_\_\_

\_\_\_\_\_

We will return the policy to you after changing the beneficiary.

(In cases where the death of the insured has occurred, the surviving Husband, Wife or  
Child should fill out this form and return it to us with the policy.)

\*Do not name yourself as beneficiary if you are the policyholder.