COMBINED®
A Chubb Company

COMBINED[MD]
Une compagnie de Chubb

REQUEST FOR CHANGE OF NAMED BENEFICIARY LIFE POLICY

IMPORTANT: Complete and return this Request to the Company. This Request affects only the Named Beneficiary of the Life Insurance Policy indicated below and does not affect any beneficiary designations on any other policies you may own. This request will not be effective if it is received by the Company after the death of the Insured.

Full Name of Insured MR. ☐ MRS. ☐ MS. ☐ MISS ☐ First Middle Last	Policy Number
Owner (If other than Insured) MR. ☐ MRS. ☐ MS. ☐ MISS ☐ First Middle Initial Last	Form Number

I hereby request Combined Insurance Company of America / Compagnie d'assurance Combined d'Amérique to pay the death benefit of the Life Insurance Policy indicated above to the Named Beneficiary indicated below. I hereby revoke all Prior Named Beneficiary designations.

Primary Beneficiary MR. ☐ MRS. ☐ MS. ☐ MISS ☐ First Middle Initial Last	Relationship to Insured
Primary Beneficiary MR. ☐ MRS. ☐ MS. ☐ MISS ☐ First Middle Initial Last	Relationship to Insured

If the primary beneficiary dies before the Insured, or if no primary beneficiary is named, the contingent beneficiary will receive the proceeds. If both the primary and contingent beneficiaries die before the Insured or if no beneficiaries are named, the Owner will receive the proceeds. If the Owner does not survive the Insured, the proceeds will be paid to the Insured's estate. For purposes of this section a person survives the Insured only if he or she is living on the 9th day after the Insured's death.

If more than 2 beneficiaries, please indicate on separate page.

Contingent Beneficiary MR. ☐ MRS. ☐ MS. ☐ MISS ☐ First Middle Initial Last	Relationship to Insured

Dated at_____this_____ day of_____ 20____

Signature of Witness_____
print & sign name

Signature of Owner_____

Signature of Irrevocable Beneficiary (If Applicable)_____

FOR HEAD OFFICE USE ONLY

The Foregoing Request was Received on:_____ By:_____

This change will become effective on the date it is received by Combined Insurance / Combined Assurances Canadian Head Office, at the following address:

Combined Insurance Company of America / Compagnie d'assurance Combined d'Amérique
Canadian Head Office / Siège social canadien : P.O. Box 3720, MIP, Markham (Ontario) L3R 0X5
Telephone / Téléphone : 1 888 234-4466
www.combined.ca
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