



Farm Bureau Life Insurance Company of Michigan  
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SCAN Code  
BOC

## CHANGE OF BENEFICIARY FORM

This form provides for payment of proceeds  
in an option offered by the company.

Policy No.

Instructions for completion on page 2.

Insured's Name (If joint life, complete separate form on each life)

I/We hereby revoke all previous beneficiary designations and optional modes of settlement, and designate the following beneficiary(-ies) to receive the death benefit proceeds of the policy/contract:

### 1. BENEFICIARY DESIGNATIONS

Full Name and Designation (Class) of Beneficiary(ies)		Soc. Sec. No./ Tax I.D. No.	Address, Phone, E-mail	Relationship to Insured	Percent (Optional)
<input type="checkbox"/> Primary			Address: (required)		<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Contingent			Phone #:		
<input type="checkbox"/> Irrevocable			E-Mail:		
Birth Date:					
<input type="checkbox"/> Primary			Address: (required)		<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Contingent			Phone #:		
<input type="checkbox"/> Irrevocable			E-Mail:		
Birth Date:					
<input type="checkbox"/> Primary			Address: (required)		<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Contingent			Phone #:		
<input type="checkbox"/> Irrevocable			E-Mail:		
Birth Date:					
<input type="checkbox"/> Primary			Address: (required)		<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Contingent			Phone #:		
<input type="checkbox"/> Irrevocable			E-Mail:		
Birth Date:					
<input type="checkbox"/> Primary			Address: (required)		<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Contingent			Phone #:		
<input type="checkbox"/> Irrevocable			E-Mail:		
Birth Date:					

### 2. TRUST AS BENEFICIARY: (Please Print) ☐ Primary ☐ Contingent

\_\_\_\_\_, Trustee,  
Name of Trust Tax I.D. No. Name of Trustee  
or any successor or successors in trust under written agreement dated \_\_\_\_\_, and any amendments thereto.  
Month-Day-Year

The OWNER, JOINT OWNER (if any), and IRREVOCABLE BENEFICIARY (if any) must sign and date below.

**X** \_\_\_\_\_  
Signature of Policyowner

\_\_\_\_\_  
Name of Policyowner (please print)

\_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Signature of Joint Owner

\_\_\_\_\_  
Name of Joint Owner (please print)

\_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Signature of Irrevocable Beneficiary

\_\_\_\_\_  
Name of Irrevocable Beneficiary (please print)

\_\_\_\_\_  
Date

## TERMS AND CONDITIONS

### INSTRUCTIONS

If a change of beneficiary is desired on more than one policy, complete a separate change of beneficiary form for each policy.

If a change of beneficiary is desired on a Joint Life Policy, complete a separate form on each life.

Provide the beneficiary's full legal name.

The Policy Owner is not limited to a total of five beneficiaries. To designate additional beneficiaries, please attach a separate written description outlining each additional beneficiary, their class, and the desired percentage of their portion of the death benefit. The attached designation must also include the signature of the Policy Owner(s), Joint Owner(s) (if any), and Irrevocable Beneficiary (if any), as well as the date of signature.

A Per Stirpes Clause may be elected by checking the boxes for Per Stirpes respectively.

The Policy Owner should sign the form exactly as designated in the Policy.

This form is not to be altered.

### PROVISIONS

Unless otherwise provided in the Policy, this beneficiary change shall take effect on the date the change was signed by the owner, subject to any payments made or action taken by the Insurer before this change is acknowledged by its Home Office.

The Insurer may amend this designation to include any provisions which may be necessary to conform this designation to the Insurer's rules and practices, and to the terms of the Policy.

The following provisions shall apply to this change even though the Policy may state otherwise:

- The word "Insured" shall mean "Annuitant", where applicable. The "Contract" is deemed substituted for the word "Policy", where applicable.
- Payment of proceeds to any beneficiary is subject to the interest of any assignee.
- Any payment to a minor beneficiary shall be made to the legally appointed guardian of his or her estate, unless otherwise permitted by law.
- In the event a Trust is named as beneficiary, payment by the Insurer to the named Trust shall fully discharge all liability of the Insurer to the extent of such payment. We reserve the right to review the trust document.
- The Policy Owner reserves the right to later change the beneficiary.

### LIMITATIONS

If none of the beneficiary designations provide the settlement wanted by the Policy Owner, contact the Home Office, preferably in writing, giving full details, so that the appropriate forms can be prepared.

The reference to the Trust designation on Page 1 of this form is not intended to cover testamentary disposition of proceeds. If a testamentary designation is desired, please contact the Home Office.

### BENEFICIARY DESIGNATION

The following is general information about designating beneficiaries. Please refer to your contract for specific information.

**BENEFICIARY CLASS** - Usually, beneficiaries are designated as either Primary or Contingent. If you do not designate a beneficiary as Primary or Contingent, it will be considered Primary.

- **Primary** beneficiaries are the "first" beneficiaries. Any surviving Primary beneficiaries will receive the death benefit before any Contingent beneficiary.
- **Contingent** beneficiaries receive the death benefit only if no Primary beneficiary survives the Insured (for Life policies), or Owner or Annuitant (for Annuity contracts).

### BENEFICIARY SHARES

- Beneficiaries will receive equal shares of the death benefit unless you designate specific shares for specific beneficiaries.
- Specific shares should be given using percentages - not fractions and should total 100% for each beneficiary class. Do not use fractions or decimals in your percentage allocation, e.g., use 33%, but neither 33.3% nor 1/3%.
- If the benefit percentages designated do not add up to 100% for each beneficiary class, the remainder shall be equally divided among the remaining beneficiaries of each class accordingly. If the benefit percentages designated exceed 100% of either class of beneficiary, the form shall be rejected as not in good order.
- If a beneficiary in a class predeceases the Insured, Owner, or Annuitant, the surviving beneficiaries will receive the share of the predeceased beneficiary in the same proportions the surviving beneficiaries' shares bear to each other.

### SPECIAL DESIGNATIONS

- **Per Stirpes** is a legal term meaning "by representation". If you designate a beneficiary Per Stirpes, and they predecease the Insured, Owner, or Annuitant or disclaim their portion, the share designated for that beneficiary will go to the surviving children of the deceased beneficiary instead of to the surviving beneficiaries of the class. If the deceased beneficiary has no surviving children, that beneficiary's portion shall be equally redistributed to all surviving beneficiaries of the same class. For a Per Stirpes designation, "children" means natural or legally adopted children, but not step- or foster children.
- **Irrevocable** - If you designate a beneficiary as Irrevocable, you won't be able to change their designation without their consent. You may also need an Irrevocable beneficiary's consent to take other actions on your policy. Any existing or newly designated irrevocable beneficiary must consent in writing to any policy change that: reduces policy Proceeds, cancels the policy, or changes the beneficiary designations of the policy.