



American Century Life Insurance Company  
4785 E 91st Street Suite 200  
Tulsa, OK 74137  
(918) 712-7770  
Fax (918) 712-7773

## Beneficiary Change Request

Insured: \_\_\_\_\_ Policy No: \_\_\_\_\_  
Owner \_\_\_\_\_ Daytime Phone No: \_\_\_\_\_

- \*All prior beneficiaries and payment methods are revoked.
- \*Pay the proceeds at death in a single sum.
- \*Unless stated otherwise, proceeds will be paid in equal shares when more than one beneficiary is listed. Percentages must equal 100%.
- \*If no designated beneficiary lives to receive payment, unless stated otherwise in the policy, proceeds will be paid to the insured's estate.
- \*If more space is needed affix additional document and include policy number, full name and relationships of each beneficiary, all applicable signatures on any attachments, date and sign.

PLEASE PRINT FULL NAME, RELATION TO INSURED, ADDRESS AND ID NUMBER

**Primary Beneficiary 1**  
Name: \_\_\_\_\_ Percentage: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship \_\_\_\_\_

**Primary Beneficiary 2**  
Name: \_\_\_\_\_ Percentage: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship \_\_\_\_\_

**Contingent Beneficiary 1**  
Name: \_\_\_\_\_ Percentage: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship \_\_\_\_\_

Signatures required on reverse side