



COLORADO BANKERS LIFE
INSURANCE COMPANY

Colorado Bankers Life Insurance Company
5990 Greenwood Plaza Blvd, Suite 325
Greenwood Village, CO 80111
(303) 220-8500
(800) 367-7814

Beneficiary - Name Change - Owner Change Form

Participant Number: _____ Insured: _____

Policy Number: _____ Owner: _____

Beneficiary Designation - All previous designations are hereby canceled.

A. Change PRIMARY Beneficiary to: _____

Address: _____

Relationship To Insured: _____ SSN: _____

B. Change CONTINGENT Beneficiary to: _____

Address: _____

Relationship To Insured: _____ SSN: _____

Change of Name: Insured: By Marriage
Owner: Divorce
 Law (Documentary Proof Required)

Name changed to: _____

Owner Designation - All previous designations are hereby canceled.
Both OLD and NEW OWNERS must sign this form, state birthdates, and provide Social Security Numbers.

Previous Owner: _____ Birthdate: _____

Address: _____ Social Security Number: _____

Signature: _____

New Owner: _____ Birthdate: _____

Address: _____ Social Security Number: _____

Signature: _____

Date

Signature of Owner

Witness (non-relative)

Address of Owner

For Home Office Use Only

Date Recorded: _____

Acknowledged By: _____