



PGA

Request for Change of Beneficiary or Name

MEMBER NUMBER _____

NAMING THE BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary (ies) please indicate their full name, social security number and relationship. If the beneficiary is not related either by blood or marriage, insert the words "Not Related."

REQUEST FOR CHANGE OF BENEFICIARY OR NAME

A. **Change of Beneficiary. By this request I revoke all prior beneficiary designations.**

PRIMARY BENEFICIARY(IES)

NAME _____

DATE OF BIRTH _____ LAST FOUR DIGITS OF SSN# _____
MM / DD / YYYY

BENEFIT PERCENT _____ % RELATIONSHIP _____

NAME _____

DATE OF BIRTH _____ LAST 4 DIGITS OF SSN# _____
MM / DD / YYYY

BENEFIT PERCENT _____ % RELATIONSHIP _____

CONTINGENT

NAME _____

DATE OF BIRTH _____ LAST 4 DIGITS OF SSN# _____
MM / DD / YYYY

BENEFIT PERCENT _____ % RELATIONSHIP _____

B. **Change my name.**

FROM _____
LAST FIRST MIDDLE

TO _____
LAST FIRST MIDDLE

BECAUSE OF MARRIAGE COURT ORDER _____
MM / DD / YYYY (DATE OF COURT ORDER)

PRINT INSURED'S NAME (REQUIRED) _____ INSURED'S LAST FOUR DIGITS OF SSN# _____

INSURED'S SIGNATURE (REQUIRED) _____ MM / DD / YYYY

OFFICE USE ONLY
Term Life Plan
Policy: AGL-1566

Membership Services Department
PGA of America
PO Box 109601
Palm Beach Gardens, FL 33410-9601
Phone 1-800-474-2776 / Fax (561) 624-8439

The preferred insurance program
MARSH
Affinity Group Services
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