



MEBS, Inc.
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 Grand Rapids, MI 49546
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BENEFICIARY CHANGE AUTHORIZATION

Instructions for Employer:

1. Please assure that all spaces are completed in full.
2. Please validate this form once the beneficiary change is completed.
3. Please keep a copy of this form with the enrollment record (to be submitted with life claim).
4. Questions should be referred to the MEBS Underwriting Department.

Subject to the terms of my Group Insurance Policy, I hereby amend and revoke any former beneficiary named by me, and I now designate as Beneficiary:

Name (Last, First, Middle Initial)	Relationship
Address (Street, City, State, ZIP)	

(Example: "Jones, Helen L." - not "Mrs. H.L. Jones")

Employee Signature	Date
Witness Signature	Date
Employee Social Security Number	Group Policy Number
Employer Validation	

If two beneficiaries are to share jointly, the last name entered should be followed by the words, "equally or to the survivor", if three or more beneficiaries are to share jointly the last name entered should be followed by the words "the survivor or survivors equally". If the interest of one beneficiary is to be contingent to the interest of another, after the name of the first beneficiary the following words should be placed, "if living, otherwise to".

All information not already given as to the full name and relationship of the proposed beneficiary should be filled in. If the proposed beneficiary is a married woman, her own given names must be furnished, not those of her husband.