

Vantis Life Insurance Company

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 WWW.VANTISLIFE.COM

Beneficiary Change Request Form

◆ GENERAL INFORMATION

Please Print

Name of Insured:	Policy Number:
Name of Owner:	Owner Phone Number:

◆ CHANGE OF BENEFICIARY INFORMATION

(If additional space is needed, please attach separate sheet)

<u>Classification</u>	Name	Date of Birth	Social Security	Relationship to Insured	Split %*
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary				
	Address (Number, Street)	City	State	Zip	Phone Number
<u>Classification</u>	Name	Date of Birth	Social Security	Relationship to Insured	Split %*
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary				
	Address (Number, Street)	City	State	Zip	Phone Number
<u>Classification</u>	Name	Date of Birth	Social Security	Relationship to Insured	Split %*
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary				
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<u>Classification</u>	Name	Date of Birth	Social Security	Relationship to Insured	Split %*
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary				
	Address (Number, Street)	City	State	Zip	Phone Number
<u>Classification</u>	Name	Date of Birth	Social Security	Relationship to Insured	Split %*
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary				
	Address (Number, Street)	City	State	Zip	Phone Number

*Split percentages within designated beneficiary classification must equal 100%. If none specified, benefit will be split equally by class.

IMPORTANT NOTE: The above beneficiary designation replaces all previous designations made under the above policy.

Legal Signature of Owner	Date	Agency	Branch#	Producer #
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