

Please check the box next to your insurance company's name.

Central United Life  
 Gold Cross

Investors Consolidated  
 UniLife

Sun America  
 Unum

Loyal  
 American States

10700 Northwest Freeway  
Houston, Texas 77092

**REMOVAL/BENEFICIARY CHANGE FORM**

**THIS SECTION MUST BE COMPLETED FOR ALL CHANGES**

Insured's Name: \_\_\_\_\_ If group policy, name of Group:  
\_\_\_\_\_

Policy #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Insured's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip  
Code: \_\_\_\_\_

Contact Number(s) Daytime: \_\_\_\_\_

**FOR DELETIONS:** Upon receipt of this request the Home Office will notify the Insured of any premium adjustments.

IF DELETION, please check this box.

\*Person to be deleted: \_\_\_\_\_

Relationship: \_\_\_\_\_

\*If deletion is due to divorce, a copy of the divorce decree and ex-spouse's current mailing address is required.  
\*If deletion is due to death, a copy of the death certificate is required.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

IF NAME, ADDRESS or BENEFICIARY CHANGE, please check this box.

Name Change: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address Change: \_\_\_\_\_

Beneficiary Change: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**COMPLETE AND RETURN THIS FORM**  
Please fold this form and  
Return it to the address printed above.

**ENDORSEMENT TO POLICY**