



COLORADO BANKERS LIFE INSURANCE COMPANY
 PREFERRED FINANCIAL CORPORATION
 5990 Greenwood Plaza Blvd.
 Englewood, CO 80111

BENEFICIARY - NAME CHANGE - OWNER CHANGE FORM

Participant Number _____ Insured _____

Policy Number _____ Owner _____

I hereby request _____ Life Insurance Company:

BENEFICIARY DESIGNATION - All previous designations are hereby canceled.

A. Change Primary Beneficiary To: _____

Address: _____

Relationship to Insured: _____ Social Security Number: _____

B. Change Contingent Beneficiary To: _____

Address: _____

Relationship to Insured: _____ Social Security Number: _____

CHANGE NAME OF: Insured BY Marriage
 Owner BY Divorce
 Law(Documentary Proof Required)

Name changed to: _____

OWNER DESIGNATION - All previous designations are hereby canceled.
 The Old and New Owners must sign this form and state birthdates and Social Security Numbers.

Previous Owner _____ Address _____

Birthdate _____ SSN _____ Signature _____

New Owner _____ Address _____

Birthdate _____ SSN _____ Signature _____

Date _____ Signature of Owner _____

Witness (Non-relative) _____ Address of Owner _____

FOR HOME USE ONLY

Date Recorded _____ Acknowledged by _____