CICA LIFE
A CITIZENS COMPANY

Policyowner's Irrevocable Beneficiary Request

Return completed form to
cs@citizensinc.com or
Fax: 512.836.9785

*Unless otherwise specified

This form should only be used when designating an Irrevocable Beneficiary: a beneficiary whose rights to the proceeds of a life insurance policy cannot be cancelled by the policyowner unless the irrevocable beneficiary consents. The policyowner should also understand an irrevocable beneficiary designation means the policyowner cannot change any aspect of the insurance policy without the written consent of the irrevocable beneficiary.

Policy Number (10-digits)	Insured Name (Printed)	Owner Name (Printed, if other than Insured)	Date
Address:			
E-mail address:		Phone:	

INSTRUCTIONS: Mark and complete the form to indicate your request. Date and sign this form for which you have made a request. Mail this completed form to the address listed at the top of the form.

Upon receipt at the home office, the requested changes will be processed subject to the policy provisions. Any request received by the Company more than 60 days after the date the request was signed may be returned to you for a current date and signature.

IRREVOCABLE BENEFICIARY	I hereby revoke all prior designations of beneficiary and request the designation below:	
	PRINT FULL GIVEN NAME AND SURNAME	RELATIONSHIP TO INSURED
	Primary Irrevocable Beneficiary	
	Address of Irrevocable Beneficiary	
	Contingent Beneficiary	
	Address of Contingent Beneficiary	
	Unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiary(ies) who survive the insured; however, if none survive, proceeds will be paid in equal shares to any contingent beneficiary(ies) who survive the insured.	

I direct any endorsement of the policy requested above be effected upon the Company's acceptance and acknowledgement evidenced below. I understand a change of beneficiary designation shall take effect as of the Acknowledgement of Request for Change date and I agree the Company may waive any policy provision requiring return of the policy for endorsement, but at its discretion may require its return.

----------SIGN BELOW FOR THE ABOVE REQUEST(S) ----------

_____ _____
Signature of Witness Signature of Insured or Owner, if other than Insured

_____ _____
Printed Witness Name Date

THE UNDERSIGNED ASSIGNEE AND IRREVOCABLE BENEFICIARY AGREE(S) TO THE ABOVE REQUEST(S) AND CHANGE(S).

_____ _____
Signature of Assignee (If Any) Signature of Irrevocable Beneficiary Named Above

HOME OFFICE USE ONLY
ACKNOWLEDGEMENT OF REQUEST FOR CHANGE – PLEASE ATTACH TO POLICY

Dated on _____, 20_____ by _____ _____
Print Company officer's name and title Signature