CHANGE OF BENEFICIARY – LIVING TRUST

Ref: Section 607.02, Wis. Stat.

Return completed form to:
State of Wisconsin
Office of the Commissioner of Insurance
State Life Insurance Fund
P.O. Box 7873
Madison, WI 53707-7873
(608) 266-0107
1-800-562-5558

INSTRUCTIONS: Complete information requested below. Date and sign in the presence of **two witnesses**. Forward to the above address.

Policyowner	Policy Number

I am exercising the right reserved to me in the above policy to change the beneficiary clause to read as follows:

_____
Trustee(s) Name or Names

of _____, _____
City State

named in the Revocable Living Trust, dated _____, or successors in trust; provided that the payment of the proceeds of this policy to said trustee(s) shall fully and finally discharge the State Life Insurance Fund (Fund) from all liability and, provided further that if at the death of the insured, the Trust referred to in this designation is not in effect, and claim has not been properly filed under this policy, the proceeds may be paid by the Fund to the estate of the insured.

This provision is subject to revocation and change at the request of the owner and during the lifetime of the insured.

Signed at _____, _____, on the _____ day of _____, _____.
(City) (State) (Day) (Month) (Year)

OWNER:

Address	Signature
City, State, and Zip	Date
Social Security Number	
Phone Number	

WITNESS:

Signature
Date
Address
City, State, and Zip

WITNESS:

Signature
Date
Address
City, State, and Zip

For Fund Use Only

This change is made effective _____ _____
(date) Commissioner of Insurance