



<p>OWNER OF POLICY: (if different than Insured/Annuitant)</p> <p>Name: _____</p> <p>SSN/TIN: _____ DOB: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p>INSURED/ ANNUITANT INFORMATION:</p> <p>Name: _____</p> <p>SSN/TIN: _____ DOB: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Phone: _____</p> <p>Email: _____</p>
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LIST ALL POLICIES/ CONTRACTS TO BE UPDATED: _____

I hereby revoke all previous beneficiary designations, requests, and agreements, if any, and elect to change the beneficiary(ies) for the referenced policy(ies) or contracts.

PRIMARY BENEFICIARY INFORMATION:

A primary beneficiary is the individual, trust or entity designated to receive the death benefit proceeds upon the passing of the insured or annuitant. Please indicate the percentage for each beneficiary. The total percentage must equal 100%.

Name: _____ Relationship: _____

SSN/TIN: _____ Date of Birth: _____ %: _____

Address: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____

SSN/TIN: _____ Date of Birth: _____ %: _____

Address: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____

SSN/TIN: _____ Date of Birth: _____ %: _____

Address: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____
SSN/TIN: _____ Date of Birth: _____ %: _____
Address: _____
Email: _____ Phone: _____

CONTINGENT BENEFICIARY INFORMATION:

A contingent beneficiary is the individual, trust, or entity designated to receive the death benefit proceeds **IF ALL** primary beneficiaries predecease the insured or annuitant. The total percentage must equal 100%.

Name: _____ Relationship: _____
SSN/TIN: _____ Date of Birth: _____ %: _____
Address: _____
Email: _____ Phone: _____

Name: _____ Relationship: _____
SSN/TIN: _____ Date of Birth: _____ %: _____
Address: _____
Email: _____ Phone: _____

Name: _____ Relationship: _____
SSN/TIN: _____ Date of Birth: _____ %: _____
Address: _____
Email: _____ Phone: _____

I understand that the requested service will not become effective until the Beneficiary Update Form is received, approved, and recorded at the Home Office of the FCSU.

THIS FORM MUST BE SIGNED BY A NOTARY PUBLIC TO PROTECT YOUR ASSETS

State of: _____ County of: _____

This form was signed before me on _____, by _____
(Print name of Owner or Authorized Individual/s).

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature of Owner/ Authorized Individual

Notary Public Signature: _____

Notary Stamp/Seal

My Commission Expires: _____

BENEFICIARY DESIGNATION INSTRUCTIONS:

To ensure timely processing of your beneficiary change request for a Life Insurance policy or Annuity/IRA contract please follow these guidelines:

1. **Complete All Required Fields:** Provide accurate policy/contract numbers and beneficiary details. To add additional beneficiaries, please attach a separate notarized page.
2. **Percentage Allocation:** The total percentage allocated to primary beneficiaries must equal 100%. The total percentage allocated to contingent beneficiaries must also equal 100%.
3. **Supporting Legal Documents** (if applicable):
 - A copy of the Trust (including title/introductory pages, trustee pages, and signature pages) along with trustee contact information.
 - Power of Attorney (POA) document if the POA is changing the beneficiaries.
 - W-9 Form required for Annuity/IRA contracts when designating a trust or entity as a beneficiary.
4. **IRS Verification for Annuity/IRA Contracts:** The IRS mandates that your name and Social Security Number (SSN)/Tax Identification Number (TIN) must match IRS records. All claim beneficiaries will be verified through the IRS database. Any discrepancies may cause delay in processing claims and future tax reporting.
5. **Minor as a Beneficiary:**
 - If designating a minor for Life Insurance policy(ies), the death benefits payable to minors will be held in trust at FCSU Financial® until the minor attains legal age.
 - If designating a minor for Annuity/IRA contracts, the death benefit will be held in a custodial agreement (UTMA) until they reach adulthood (age 18 or 21, depending on state laws). A birth certificate of the minor is required when designating a minor as the primary beneficiary. An appointed adult custodian will manage the funds, and the insured/annuitant cannot serve as the custodian. To name a minor as the beneficiary, please use the following format:
(Name of Guardian/Custodian) as Custodian for (Name of Minor) under the (Name of State) UTMA
6. **Funeral Home as Beneficiary:** A funeral home cannot be designated as a beneficiary of an Annuity or IRA.
7. **Signature and Notarization:** The policy/contract owner's signature must be notarized to authorize the beneficiary change.
8. **Form Submission:** Mail the completed form along with any supporting documents to the Home Office. Ensure the form is signed and notarized.

For additional information please refer to the FAQ's on www.fcsu.com or contact the Home Office.