



Member Company
 Erie Family Life Insurance Company
 Service Center • P.O. Box 83026 • Lincoln, NE 68501
 Toll Free 1.800.458.0811 • Fax 866.567.1219 • www.erieinsurance.com

Beneficiary & Ownership Change Form

Instructions:

- Select one or more of the following coverage change options.
- Complete all required fields.
- Obtain all required signatures and provide signature verification by returning a copy of a driver's license, state ID card or notarization.
- Return **all pages** of the completed form to the Service Center at the address above or by fax to (866) 567-1219.
- **PLEASE NOTE: If the policy was issued in, or the policy owner currently resides in the one of the following states, please attach the Community/Marital Property Consent Form EFL2046. States include: AZ, CA, ID, LA, NV, NM, TX, WA, and WI.**

No changes shall be recognized by Erie Family Life unless and until they are filed and accepted at the Erie Family Life Service Center.

Policy Number One Policy Number per Form	Insured Name

COMPLETE THIS SECTION FOR AN OWNERSHIP CHANGE

I, the current Owner, request that all rights of ownership and control be transferred to the new Owner(s) shown below.

IMPORTANT: Changing the ownership of this policy does not change the existing beneficiary designation(s). If you wish to change the beneficiary designation on this policy, please complete the BENEFICIARY CHANGE section on page 2.

Individual: Please check only one box below.

One Owner

Full Name	Address	Date of Birth	SSN	Relationship to Insured

Joint Owners

Full Name	Address	Date of Birth	SSN	Relationship to Insured

Trust:

Trustee Under Trust Agreement

Full Name of Trust	Address of Trustee	Date of Trust	TIN	Name of Trustee

Business or Charitable Organization:

Corporation, it's successors or assigns

Partnership, as now exists or later constituted

Other: _____

Full Legal Name	Address	Federal EIN



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COMPLETE THIS SECTION FOR A BENEFICIARY CHANGE

I, the current Owner, request that the proceeds payable at the Insured's death be paid to the beneficiary(ies) below.

Primary Beneficiary: Please check **only one** box below.

Please name the following person(s) as primary beneficiary(ies):

Full Name	Relationship to Insured	Date of Birth	Address	Percentage of Proceeds*

*When the Percentage of Proceeds column is left blank, Erie Family Life will divide the proceeds equally between all surviving primary beneficiaries named.

IMPORTANT INFORMATION ABOUT NAMING A MINOR CHILD AS BENEFICIARY: You are allowed to name a minor child as beneficiary of a life insurance policy. However, there are legal restrictions which prohibit Erie Family Life from releasing proceeds to a minor beneficiary without court authorization. If you name a minor as a beneficiary of a life insurance policy, it may be necessary to have a guardian appointed for the estate of the minor. This can mean legal expenses and a delay in the payment of the insurance. You should consult with your attorney for more information.

- All children of the Insured are collectively named as beneficiary and proceeds are divided equally between surviving children.
- The Insured's Estate – *When this option is selected it is unnecessary to designate a contingent beneficiary.*
- Trustee under Trust Agreement dated ____/____/____ - *Please provide a copy of the trust for verification purposes.*

Name of Trustee(s) _____

Address of Trustee(s) _____

- Testamentary Trustee (Trustee named under the Insured's will) – *A trust is established under the Insured's will and becomes active after the death of the Insured. **Please consult legal counsel before selecting this option.***
- Business – *Designation includes schools, charities, etc.*

Name of Business _____

Address of Business _____

Type of Business: Corporation Partnership Sole Proprietorship Other _____



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Contingent Beneficiary: Please check **only one** box below.

Please name the following person(s) as contingent beneficiary(ies):

Full Name	Relationship to Insured	Date of Birth	Address	Percentage of Proceeds*

*When the Percentage of Proceeds column is left blank, Erie Family Life will divide the proceeds equally between all surviving contingent beneficiaries named.

IMPORTANT INFORMATION ABOUT NAMING A MINOR CHILD AS BENEFICIARY: You are allowed to name a minor child as beneficiary of a life insurance policy. However, there are legal restrictions which prohibit Erie Family Life from releasing proceeds to a minor beneficiary without court authorization. If you name a minor as a beneficiary of a life insurance policy, it may be necessary to have a guardian appointed for the estate of the minor. This can mean legal expenses and a delay in the payment of the insurance. You should consult with your attorney for more information.

- All children of the Insured are collectively named as beneficiary and proceeds are divided equally between surviving children.
- The Insured's Estate – *When this option is selected it is unnecessary to designate a contingent beneficiary.*
- Trustee under Trust Agreement dated ____/____/____ - *Please provide a copy of the trust for verification purposes.*

Name of Trustee(s) _____

Address of Trustee(s) _____

- Testamentary Trustee (Trustee named under the Insured's will) – *A trust is established under the Insured's will and becomes active after the death of the Insured. **Please consult legal counsel before selecting this option.***
- Business – *Designation includes schools, charities, etc.*

Name of Business _____

Address of Business _____

Type of Business: Corporation Partnership Sole Proprietorship Other _____



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Required Signatures and Authorization

By signing below, I, the current Owner agree to this request and to the terms and conditions that may apply.

Signature of Current Owner _____ Date _____ Social Security Number (required) _____

Signature of Joint Owner(s), if applicable _____ Date _____ Social Security Number (required) _____

Signature of Assignee, if applicable _____ Date _____

Signature of Irrevocable Beneficiary(ies), if applicable _____ Date _____

Signature of Agent _____ Date _____ Agent Number (required) _____

Tax Certification To be completed by the new owner when an Ownership Change has been requested.

Under penalties of perjury, I, the new Owner, certify that:

1. My taxpayer identification (Social Security) number is _____.
2. Check one that applies:
 - I have been informed by the IRS that I am subject to backup withholding.
 - I am not subject to backup withholding for the reasons below:
 - a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - b) The IRS has notified me that I am no longer subject to backup withholding.

Signature of New Owner _____ Date _____ Social Security Number (required) _____