



J.J. STANIS AND COMPANY, INC
377 OAK STREET, SUITE 406 GARDEN CITY, NY 11530
PHONE: (516) 465-3900 FAX#: (516) 465-3920 WEBSITE: WWW.JJSTANISCO.COM

REQUEST FOR CHANGE OF BENEFICIARY FORM

Employer / Former Employer: _____

Type of Coverage:	GROUP LIFE INSURANCE
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A. Employee Information				
Name (Last, First)	Gender	M	F	Date of Birth:
Street Address	Date of F/T Hire			
City	State	Zip	Home Phone	
Social Security No.	Email Address			Cell Phone
Job Title	Hours worked per week			

B. Primary Beneficiaries				
I hereby designate the following as my beneficiary(ies) under the above group policy:				
Name (Last, First)	Social Security No.	Address	Benefit %	Relationship
Name (Last, First)	Social Security No.	Address	Benefit %	Relationship
Name (Last, First)	Social Security No.	Address	Benefit %	Relationship
Name (Last, First)	Social Security No.	Address	Benefit %	Relationship
Name (Last, First)	Social Security No.	Address	Benefit %	Relationship
Contingent Beneficiary(ies): If the beneficiary(ies) above are not living, then pay:				
Name (Last, First)	Social Security No.	Address	Benefit %	Relationship
Name (Last, First)	Social Security No.	Address	Benefit %	Relationship
Name (Last, First)	Social Security No.	Address	Benefit %	Relationship
Name (Last, First)	Social Security No.	Address	Benefit %	Relationship
If not percentages are indicated, benefits will be divided equally between all primary beneficiaries. If you are designating percentages, they must equal 100.				

This beneficiary designation revokes all revocable prior beneficiary designations.

Employee Signature: _____ **Date:** _____

Witness Signaure: _____ **Date:** _____
 (Witnessed by someone other than a named Beneficiary)