

# PROVIDENT AMERICAN INSURANCE COMPANY

## CHANGE OF BENEFICIARY

I, \_\_\_\_\_, hereby direct the PROVIDENT

AMERICAN INSURANCE COMPANY to change the beneficiary on my Policy Number: \_\_\_\_\_

from \_\_\_\_\_,

Name

\_\_\_\_\_ to \_\_\_\_\_,

Relationship

Name

\_\_\_\_\_, \_\_\_\_\_.

Relationship

Address, City, State, Zip

\_\_\_\_\_  
Policyholder's Signature

**NOTE:** If the Insured is married, this change of beneficiary will not be effective unless the spouse of the Insured executes and acknowledges the following:

### CONSENT BY SPOUSE

I hereby consent to the designation by my husband/wife on his/her change of beneficiary Insurance Policy No. \_\_\_\_\_ of \_\_\_\_\_ as the beneficiary and hereby release any and all interest which I may have in or to said policy.

IN WITNESS WHEREOF, I have executed this instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Policyholder's Spouse

### HOME OFFICE USE ONLY

ACCEPTED:

\_\_\_\_\_, 20\_\_\_\_\_

Provident American Insurance Company

By: \_\_\_\_\_  
Authorized Signature