



CHANGE OF NAME AND/OR BENEFICIARY FORM

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

Insured _____
(First) (Middle) (Last)

Employer _____
(Group's Name)

I request that the following change(s) be made under Policy Number _____,
Certificate Number (if applicable) _____.

Change of Insured's Name	First, Middle, and Last
	From: To:
Change of Beneficiary	Name(s), Date(s) of Birth, and Relationship(s)*

I understand that if a beneficiary change is shown above, it will take effect when I sign my name below - whether or not the insured is living when it is received by Bay Bridge Administrators, LLC. Such change is without prejudice to Bay Bridge Administrators, LLC for payment it may make or action it may take before it receives this form. Also, I reserve the right to change a beneficiary designated above unless I have indicated that it is "irrevocable".

I understand that if two or more beneficiaries are designated, any payment to them will be in equal shares to the survivor(s) -unless stated otherwise.

*If a trust is named as the beneficiary, the trustee's name and address must also be provided in the section. If the trustee changes, you must inform us and provide us with the updated information.

THIS BENEFICIARY DESIGNATION CANCELS AND SUPERSEDES ALL PREVIOUS REVOCABLE ONES.

Dated at _____ this _____ day of _____.
(City) (State)

Signature of Owner _____

Street Address _____

City State Zip _____

INSTRUCTIONS

1. Please type (or print with ballpoint pen), except for signatures.
2. The form must be completed in full, dated, and properly signed in the presence of a witness.
3. No erasures or alterations are permitted. If an error is made, please complete a new form.
4. The insured's name must be printed exactly as it is currently shown in the insurance records.
5. This form must be submitted to Bay Bridge Administrators, LLC.
6. In naming a beneficiary, please word the designation carefully and include the date of birth (d.o.b.) where possible. The examples given below represent the most common designations and may be used where they apply. If in doubt, or if you desire another designation, please consult with your attorney.
7. Unequal amounts. If you are requesting an unequal distribution, please use fractions or percentages (%) instead of dollar amounts. Or example, if you are covered for \$50,000 and you want \$30,000 paid to your wife, plus \$20,000 paid to your son, it could read:

60% to Mary E. Doe (d.o.b. 3/20/70), wife, if living; otherwise to James F. Doe (d.o.b. 5/18/94), son:
40% to said son, if living, otherwise said wife.

SUGGESTED WORDING OF TYPICAL BENEFICIARY DESIGNATIONS

1. One beneficiary: Mary E. Doe (d.o.b. 3/20/70), wife. (A married woman should not be shown as Mrs. John H. Doe.)
2. Two beneficiaries (equals amounts): Robert H. Doe (d.o.b. 4/4/48), father, and Carol A. Doe (d.o.b. 6/10/50), mother equally or to the survivor.
3. Three or more beneficiaries (equal amounts): James F. Doe (d.o.b. 5/18/94), Thomas A. Doe (d.o.b. 7/12/93), Susan M. Doe (d.o.b. 12/20/92), children of the insured, equally or to the survivor(s).
4. Primary and Contingent beneficiaries: Mary E. Doe (d.o.b. 3/20/70), wife, if living; otherwise equally to the insured's then living child(ren).
5. Trustee beneficiary: The ABC Trust Company, Any Town, Any State, as trustee under written trust agreement dated XXX

Please return form with filed claim to: Bay Bridge Adminsitrators, LLC.

P.O. Box 161690

Austin, TX 78716

1-800-845-7519 (Phone)

1-512-275-9350 (Fax)

Email: underwriting@bbadmin.com