



**BENEFICIARY CHANGE FORM**

Policy/Contract Number(s): <b>002532231</b>	Name of Insured/Annuitant: <b>Susan D. Argiro</b>
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Please refer to the examples on Page 2, if any of the following is true:

- One of the beneficiaries will be Irrevocable, a Trust, an Estate, or Per Stirpes.
- There will be more than 3 primary beneficiaries and/or 3 contingent beneficiaries.

This form revokes all prior beneficiary designations – only the beneficiaries listed below will be designated. At least one primary beneficiary must be designated. Contingent beneficiaries are optional. All living children you wish to designate as beneficiary should be listed by name.

Required: Primary Beneficiary Class (% for all primary beneficiaries should total 100)	% of Proceeds To Pay To Beneficiary	Social Security Number/Tax ID	Relationship to Insured	Date of Birth or Date of Trust	Phone number
Name: <b>John W. Argiro</b> Per Stirpes Address: <b>409 Willard St. W Stillwater, MN 55082</b>	25%	152-06-5578	Son	04/04/00	651-332-1856
Name: <b>Colette A. Argiro</b> Per Stirpes Address: <b>409 Willard St. W Stillwater, MN 55082</b>	25%	058-92-9551	Daughter	03/28/02	651-802-3111
Name: <b>Anthony M. Argiro</b> Per Stirpes Address: <b>409 Willard St. W Stillwater, MN 55082</b>	25%	059-94-4858	Son	04/10/04	612-214-4695
Name: <b>Grace E. Argiro</b> Per Stirpes Address: <b>409 Willard St. W Stillwater, MN 55082</b>	25%	105-96-6086	Daughter	06/27/07	—
Optional: Contingent Beneficiary Class (% for all contingent beneficiaries should total 100)	% of Proceeds To Pay To Beneficiary	Social Security Number/Tax ID	Relationship to Insured	Date of Birth or Date of Trust	Phone number
Name: Address:					
Name: Address:					
Name: Address:					

Optional:  If any beneficiary named above dies before 15 or \_\_\_\_ days (recommended 30 day maximum) following the Insured's death (not including the date of death), payment shall be made in the same manner as if the beneficiary died before the Insured.

**Please Read Below and Sign**

I (we) affirm that the beneficiary designations for this policy shall be as indicated above, and all previous designations are revoked. If more than one beneficiary is named in a class, beneficiary proceeds will be payable in equal shares to the beneficiaries within that class, unless percentages are stated in the designation above. If a beneficiary dies before the Insured, they will no longer be a beneficiary. Any proceeds that would have been payable to the deceased beneficiary would then be payable to the other beneficiaries in that class, in equal shares, unless the deceased beneficiary was designated above as Per Stirpes. I understand that this Beneficiary Change Form becomes effective as indicated under the terms of the policy.

**Susan D. Argiro**      **04/07/20**      **Stillwater, MN**  
 Policy Owner Signature      Date (Month/Day/Year)      Signed At (City, State)  
(if Owner is a corporation, an officer must sign and include their title)

\_\_\_\_\_  
 Co-Owner Signature and/or Current Irrevocable      Date (Month/Day/Year)      Signed At (City, State)  
 Beneficiary's Signature (as applicable)