

# Irrevocable Beneficiary Form

Policy Number:

Name of Owner/Payor: (Last Name, First Name), (Middle Name)  Do not know / not applicable)

I understand that if I designate an irrevocable beneficiary, any change under the policy that will adversely affect the ownership interests of the irrevocable beneficiary/ies can only be made with the written consent of the irrevocable beneficiary/ies. These changes include, but are not limited to, making a partial/full withdrawal from the policy, taking out loans against the cash value of the policy, assigning or surrendering the policy, or even changing an irrevocable beneficiary.

I also understand that in cases where an irrevocable beneficiary is a minor, I cannot exercise the same options under my policy without the consent of the minor's legal guardian. Legal guardian/s should be specifically authorized by court order or by law to act in behalf of the minor for the particular transaction.

\_\_\_\_\_  
Owner/Payor signature over printed name

\_\_\_\_\_  
Place signed

\_\_\_\_\_  
Date signed (MM/DD/YYYY)