

## Royalty Capital Life Insurance Company

P.O. Box 57220 | Salt Lake City, UT 84157-0220

Phone (801) 264-1060 | Toll Free (800) 574-7117 | Fax (866) 403-5365

Policy Number:	umber: Soc. Sec. #:		
Insured's Name and Address:			
Date of Birth:	Phone:		
Owner's Name and Address:			
Soc. Sec. #:	Phone:		
CHANGE OF BENEFICIARY — (Please	e Mark Primary or Contingent)		
I hereby authorize the beneficiary for the policy	referenced above to be changed to:		
☐ Primary Beneficiary			
Name:	Date of Birth:		
Soc. Sec. #:	Relationship:		
Address:			
Phone #:			
☐ Contingent Beneficiary			
Name:	Date of Birth:	Date of Birth:	
Soc. Sec. #:	Relationship:	Relationship:	
Address:			
Phone #:			
is subject to all the terms and provisions of the p waived. This change is to become effective on the	named. This Change of Beneficiary revokes all proolicy, except that I request that any applicable end date shown below, once the change has been recy, but without prejudice to the Company on accord.	dorsement requirement be corded in the Administrative	
☐ IRREVOCABLE, if checked.			
Signature of Owner	Signature of Witness	Date	
RECORDED AT ROYAL	TY CAPITAL LIFE INSURANCE COM	MPANY	