# CHANGE OF BENEFICIARY – LIVING TRUST

Ref: Section 607.02, Wis. Stat.

**INSTRUCTIONS:** Complete information requested below. Date and sign in the presence of **two witnesses**. Forward to the above address.

Policy Number

Policyowner

I am exercising the right reserved to me in the above policy to change the beneficiary clause to read as follows:

Trustee(s) Name or Names

of ,

City State

named in the Revocable Living Trust, dated , or successors in trust; provided that the payment of the proceeds of this policy to said trustee(s) shall fully and finally discharge the State Life Insurance Fund (Fund) from all liability and, provided further that if at the death of the insured, the Trust referred to in this designation is not in effect, and claim has not been properly filed under this policy, the proceeds may be paid by the Fund to the estate of the insured.

This provision is subject to revocation and change at the request of the owner and during the lifetime of the insured. Signed at , , on the day of , .

(City) (State) (Day) (Month) (Year)

# OWNER:

|  |  |
| --- | --- |
| Address | Signature |
| City, State, and Zip | Date |
| Social Security Number |  |
| Phone Number |

**WITNESS: WITNESS:**

|  |
| --- |
| Signature |
| Date |
| Address |
| City, State, and Zip |

|  |
| --- |
| Signature |
| Date |
| Address |
| City, State, and Zip |

# For Fund Use Only

This change is made effective

(date) Commissioner of Insurance