

HARLEYSVILLE LIFE INSURANCE COMPANY
GROUP INSURANCE BENEFICIARY / NAME CHANGE REQUEST

PLEASE PRINT ALL INFORMATION

Group Account Name _____

Group Account Number G- Certificate Number _____

Insured's Name: *(current/new)* _____

Change Name from: _____

All beneficiary designations are hereby revoked and the following beneficiary designation is made:

Primary Beneficiary Name _____

Relationship to the Insured _____ SS# - - _____

Contingent Beneficiary _____

Relationship to the Insured _____ SS# - - _____

Reason for Name Change: Change in marital status. Date of Change _____
 Other

If your plan includes Dependent coverage do you wish to apply? Yes No

Signature of Insured _____ Date _____

(signature must be in ink)

LFUL-32 (Ed. 2-02)

(See below for mailing instructions)

Please mail completed form to:

Harleysville Life Insurance Company
1440 Pennbrook Parkway
Lansdale, PA 19446