



BENEFICIARY CHANGE FORM

Customer Service

mutualofomaha.com/customer-access

800-775-6000

Monday-Thursday 7 a.m.-5:30 p.m. Central Time

Friday 7 a.m.-5 p.m. Central Time

Want to save time and get your change processed up to 10 days faster?

Skip the form and give us a call or make your change online.



Change Your Beneficiaries Over the Phone

We'll take your change over the phone and send a confirmation. Call Customer Service at **1-800-775-6000**.



Change Your Beneficiaries Online

View your policies, check your current beneficiaries and make changes online. Visit the [customer access page](https://mutualofomaha.com/customer-access) to sign in or scan the QR code to get started.



Scan to go directly to log-in:

mutualofomaha.com/customer-access

For additional guidance on terms, required information and naming beneficiaries in less common situations [visit the guidance page](#) or scan the QR code.



Scan to go directly to guidance page:

mutualofomaha.com/update-beneficiary



NOTE: For smoother processing, complete this fillable PDF electronically. If printing, use black and white to save color ink. For paper forms, avoid corrections or erasures, as they can't be accepted to ensure the form isn't altered without your knowledge.

Policyowner

Let's Start With You, the Policyowner

You can enter **multiple policy numbers** if they insure the same person. You'll find your policy number by [signing into your account](#), or on your policy document or premium notice.

Policy Numbers: _____

Owner Name: _____

Insured

About the Person Insured by the Policy

If the policy insures **more than one person**, you'll need to complete a **separate form** for each person to make sure the correct beneficiaries are assigned.

Insured Name: _____ SSN: _____

Address: _____ City: _____ State: _____ ZIP: _____

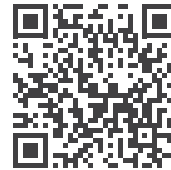
Email: _____ Phone: _____



Primary Beneficiaries

Your First Choice for Who Will Receive the Benefit

- ✓ For additional guidance on beneficiary types and required information, [visit the guidance page](#) or scan the QR code.
- ✓ Completing the form **accurately** ensures benefits are **paid quickly**, when needed most.
- ✓ **Include all beneficiaries** for your policy going forward. Previous choices will no longer be valid.



Scan to go directly to guidance page:

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Primary Beneficiary No. 1

Beneficiary Type: ☐ Individual ☐ Business ☐ Trust ☐ Testamentary Trust ☐ Estate

Name: _____ SSN/TIN: _____

Address: _____ City: _____ State: _____ ZIP: _____

Relationship: _____ Date of Birth/Trust: _____

Email: _____ Phone: _____

If you want the benefit split equally, leave the percentages blank.
If not, make sure primary benefit percentages add up to exactly 100%.

BENEFIT PERCENTAGE: %



Carefully review the guidance on making a beneficiary irrevocable by visiting mutualofomaha.com/update-beneficiary. It's a serious choice that limits future changes (like policy or beneficiary changes) but can offer protection in certain, less common situations.

☐ Yes, I understand and want to make this beneficiary irrevocable. ☐ No, I do not.

Primary Beneficiary No. 2

Beneficiary Type: ☐ Individual ☐ Business ☐ Trust ☐ Testamentary Trust ☐ Estate

Name: _____ SSN/TIN: _____

Address: _____ City: _____ State: _____ ZIP: _____

Relationship: _____ Date of Birth/Trust: _____

Email: _____ Phone: _____

If you want the benefit split equally, leave the percentages blank.
If not, make sure primary benefit percentages add up to exactly 100%.

BENEFIT PERCENTAGE: %



Carefully review the guidance on making a beneficiary irrevocable by visiting mutualofomaha.com/update-beneficiary. It's a serious choice that limits future changes (like policy or beneficiary changes) but can offer protection in certain, less common situations.

☐ Yes, I understand and want to make this beneficiary irrevocable. ☐ No, I do not.

BEFORE YOU SUBMIT:

Double check that your primary benefit percentages **total exactly 100%**.



Contingent Beneficiaries

Your Backup Choice for Who Will Receive the Benefit

- ✓ For additional guidance on beneficiary types and required information, [visit the guidance page](#) or scan the QR code.
- ✓ Completing the form **accurately** ensures benefits are **paid quickly**, when needed most.
- ✓ **Include all beneficiaries** for your policy going forward. Previous choices will no longer be valid.



Scan to go directly to guidance page:

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Contingent Beneficiary No. 1

Beneficiary Type: ☐ Individual ☐ Business ☐ Trust ☐ Testamentary Trust ☐ Estate

Name: _____ SSN/TIN: _____

Address: _____ City: _____ State: _____ ZIP: _____

Relationship: _____ Date of Birth/Trust: _____

Email: _____ Phone: _____

If you want the benefit split equally, leave the percentages blank.
If not, make sure primary benefit percentages add up to exactly 100%.

BENEFIT
PERCENTAGE:

%

Contingent Beneficiary No. 2

Beneficiary Type: ☐ Individual ☐ Business ☐ Trust ☐ Testamentary Trust ☐ Estate

Name: _____ SSN/TIN: _____

Address: _____ City: _____ State: _____ ZIP: _____

Relationship: _____ Date of Birth/Trust: _____

Email: _____ Phone: _____

If you want the benefit split equally, leave the percentages blank.
If not, make sure primary benefit percentages add up to exactly 100%.

BENEFIT
PERCENTAGE:

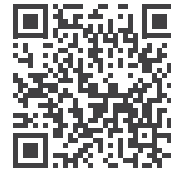
%

BEFORE YOU SUBMIT:

Double check that your contingent benefit percentages **total exactly 100%**.

Need More Space?

- ✓ For additional guidance on beneficiary types and required information, [visit the guidance page](#) or scan the QR code.
- ✓ You can also use this space to explain any **specific situations** or **requests**.



**Scan to go directly
to guidance page:**

[mutualofmaha.com/
update-beneficiary](https://mutualofmaha.com/update-beneficiary)

Signatures



Scan to go directly
to guidance page:

mutualofomaha.com/
update-beneficiary

What You Need to Know Before You Sign

- ✓ By signing below, I confirm I've read and agree to the information on this form.
- ✓ I understand any previous beneficiary choices for these policies will no longer be valid.
- ✓ This form may be considered invalid if it's incomplete or not filled out accurately.

How to Sign the Form Correctly

- ✓ For additional guidance on beneficiary types, signatures and required information, [visit the guidance page](#) or scan the QR code.

**BEFORE
YOU SUBMIT:**

Make sure that your primary and contingent benefit percentages both **total exactly 100%**.

Required Signature | You, the policyowner or authorized representative

Signer No. 1

Signer Type: ☐ Policyowner ☐ Authorized Rep Type: _____

SIGN HERE

Date: _____

- ✓ If the policyowner **resides in Massachusetts**, their signature must be witnessed by someone over the age of 18 who is not named as a beneficiary and has no interest in the policy.

- ✓ If you're **signing as an authorized representative**, such as a trustee, or on behalf of a corporation, partnership or LLC or as a power of attorney holder, guardian or conservator, you must include documentation showing your legal authority to sign.

Additional Signatures | Roles depending on your situation

Signer No. 2

Signer Type: ☐ Joint Policyowner ☐ Authorized Rep Type: _____
☐ Witness ☐ Current Irrevocable Beneficiary

SIGN HERE

Date: _____

Signer No. 3

Signer Type: ☐ Joint Policyowner ☐ Authorized Rep Type: _____
☐ Witness ☐ Current Irrevocable Beneficiary

SIGN HERE

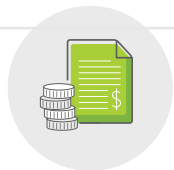
Date: _____

More About Your Beneficiary Change



Scan to go directly
to guidance page:

[mutualofomaha.com/
update-beneficiary](https://mutualofomaha.com/update-beneficiary)



If You've Used Your Policy for a Loan

If you've used your policy to back a loan, the lender gets paid first before your beneficiary receives anything. This setup is called a collateral assignment, and changing your beneficiary doesn't change the lender's rights.



Policy Ownership Stays the Same

Changing your beneficiary doesn't change who owns the policy.



Community Property Notice

If you reside in a community property state, your spouse may have a legal interest in the policy. It is your responsibility to obtain your spouse's consent to any beneficiary changes, if required by law. Mutual of Omaha is not responsible for determining whether spousal consent is necessary.



Naming a Minor as a Beneficiary

If a beneficiary is a minor when the benefit is paid, the money won't go directly to them. Depending on state laws, it may be paid to a legal guardian or custodian or held in a special account called a supplemental contract managed by Mutual of Omaha Insurance Company and its insurance affiliates until the child reaches legal age. If you're naming a minor as a beneficiary, consider talking to a legal or financial advisor.

Getting Your Form Submitted



Email

[mycustomerservice@
mutualofomaha.com](mailto:mycustomerservice@mutualofomaha.com)



Mail

Mutual of Omaha Plaza
Omaha, NE 68175



NOTE: Emailing your form is the fastest option. Mail is also available, but may take longer.



What Happens Next?

- Processing your form takes about **seven business days** after it's received.
- Your beneficiary changes will be official once the form is processed. After that, you'll receive a confirmation by mail. Review it carefully and keep it for your records.
- If any information is missing or needs to be changed, you'll need to complete a **new form**. Instructions will be provided for the next steps.
- Once processed, your changes will be **viewable online**. Visit mutualofomaha.com/customer-access to sign into your account here or scan the QR code above.