

# Additional Beneficiary Form



MERIT LIFE INSURANCE CO. | 1900 SOUTH BLVD., SUITE 300 | CHARLOTTE, NC 28203 | 833-637-4854

Primary  Contingent

<b>Name</b> ( <i>First, MI, Last</i> )	<b>Benefit (%)</b>
<b>Relationship</b>	<b>SSN/TIN</b>
<b>Company or Trust Name</b>	<b>Date of Birth/Formation Date</b>
<b>Mailing Address</b> (if different)	<b>Email Address</b>
<b>City, State, Zip</b>	<b>Telephone</b>

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Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_