

# Changes to Mutual Policy



Member Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

## Please read these instructions before filling out this form:

If any of your contact information has changed, fill out section A. To change your beneficiary, fill out Section B. To change your contingent, fill out Section C. To update beneficiary contact information, fill out Section D. To update contingent contact information, fill out Section E.

### Section A: Update Member Name and/or Contact Information

Name Change: \_\_\_\_\_

New Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

New Phone 1: \_\_\_\_\_ New Phone 2: \_\_\_\_\_ New Email: \_\_\_\_\_

### Section B: Change Beneficiary

Name of Current Beneficiary: \_\_\_\_\_

Name of New Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number (Required by Texas Family Code §157.317(a)(3)): \_\_\_\_\_ DOB \_\_\_\_\_

### Section C: Change Contingent

Name of Current Contingent: \_\_\_\_\_

Name of New Contingent: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number (Required by Texas Family Code §157.317(a)(3)): \_\_\_\_\_ DOB \_\_\_\_\_

### Section D: Update Current Beneficiary Name and/or Contact Information

Name of Beneficiary: \_\_\_\_\_

Name Change: \_\_\_\_\_

New Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

New Phone 1: \_\_\_\_\_ New Phone 2: \_\_\_\_\_ New Email: \_\_\_\_\_

Social Security Number (Required by Texas Family Code §157.317(a)(3)): \_\_\_\_\_ DOB \_\_\_\_\_

### Section E: Update Current Contingent Name and/or Contact Information

Name of Contingent: \_\_\_\_\_

Name Change: \_\_\_\_\_

New Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

New Phone 1: \_\_\_\_\_ New Phone 2: \_\_\_\_\_ New Email: \_\_\_\_\_

Social Security Number (Required by Texas Family Code §157.317(a)(3)): \_\_\_\_\_ DOB \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_