

Fax to: (706)243-7575 or  
Mail to: Aflac Group  
Attention: Certificate Correspondence  
PO BOX 84086  
Columbus, GA. 31993-4086

Phone: (888) 212-7201



## UC Plus #25796 BENEFICIARY CHANGE FORM

Certificate Number:	Full Name of Insured   Certificate holder (if other than insured):
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Address:	Phone Number:
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### Change of Beneficiary (Note: The witness must be someone other than the beneficiary.)

Please change the beneficiary under the above certificate as follows:

Primary Beneficiary:	Relationship to Insured:
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Date of Birth:	Social Security Number:	Telephone Number:	Email Address:
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Address:
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Contingent Beneficiary:	Relationship to Insured:
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Date of Birth:	Social Security Number:	Telephone Number:	Email Address:
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Address:
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### Please sign and date here for above requests:

Date:	Signature of Insured   Certificate holder:
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Witness:
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