



BENEFICIARY INFORMATION FORM

PLEASE KEEP THIS FORM IN A SAFE AND SECURE PLACE AT ALL TIMES.

I have applied for life insurance and named you a Primary or Contingent Beneficiary in my initial application. While the policy applied for may not be issued, the policy may not be in force at the time of my death, or the beneficiaries may change, I wanted to inform you of this important information.* I have asked my agent to provide you with this form. In the event of my death, please contact the Agent, Local Office, or the Company so that they can receive notice of and start processing my claim.

INSURED INFORMATION

Full Name: _____

Email Address: _____ Date of Birth: _____

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

BENEFICIARY INFORMATION

Full Name: _____

Email Address: _____ Date of Birth: _____

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Insured: _____

PRIMERICA CONTACT INFORMATION

Independent Primerica Representative: _____ Agent ID: _____

Email Address: _____

Office Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Office Phone: _____ Cell Phone: _____

Primerica Home Office - Claims: 1-888-893-9858

Primerica Canadian Home Office - Claims (English): 1-800-387-7876 | Primerica Canadian Home Office - Claims (French): 1-800-265-4804

In the United States (except in New York), term life insurance products are underwritten by Primerica Life Insurance Company, Executive Offices: Duluth, Georgia. In New York, term life insurance products are underwritten by National Benefit Life Insurance Company, Home Office: Long Island City, New York. In Canada, term life insurance products are underwritten by Primerica Life Insurance Company of Canada, Head Office: Mississauga, Ontario.

*This form is not a contract. If issued, the terms and conditions of the life insurance policy in force at the time of death of the insured will control.



CONTACT REQUEST FORM

PLEASE KEEP THIS FORM IN A SAFE AND SECURE PLACE AT ALL TIMES.

I have applied for life insurance coverage. In the event of my death, please contact the Agent, Local Office, or the Company so that they can receive notice of and start processing my claim. I am entrusting you to please contact them soon after learning of my death. I have asked my insurance agent to provide you with this form.

INSURED INFORMATION

Full Name: _____

Email Address: _____ Date of Birth: _____

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION

Full Name: _____

Email Address: _____

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Insured: _____

PRIMERICA CONTACT INFORMATION

Independent Primerica Representative: _____ Agent ID: _____

Email Address: _____

Office Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Office Phone: _____ Cell Phone: _____

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