

**Send to:**  
 Attention: Certificate Correspondence  
 Aflac Group  
 PO BOX 84086  
 Columbus, GA. 31993-4086



**Phone:** (800) 433-3036  
**Fax:** (706) 243-7575  
**Email:** [chevronmail@aflac.com](mailto:chevronmail@aflac.com)

## CHEVRON Group #23041 SERVICE REQUEST FORM

<b>Certificate Number</b>	<b>Insured</b>	<b>Certificate holder</b> (if other than insured)
<b>Address</b>		<b>Phone Number</b>

### Change of Beneficiary (Note: The witness must be someone other than the beneficiary.)

Please change the beneficiary under the above certificate as follows:

<b>Primary Beneficiary</b>	<b>Relationship to Insured</b>
<b>Address</b>	
<b>Contingent Beneficiary</b>	<b>Relationship to Insured</b>
<b>Address</b>	

### Please sign and date here for above requests.

<b>Date</b>	<b>Signature of Owner</b>
<b>Witness</b>	
<b>Signature of Signee (if applicable)</b>	<b>Signature of Irrevocable Beneficiary (if any)</b>