

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



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

CHEVRON Group #23041 SERVICE REQUEST FORM

Certificate Number	Insured	Certificate Holder (if other than the insured)
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Address	Phone
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Change of Beneficiary

Please change the beneficiary for the above certificate as follows:

Primary Beneficiary	Relationship to Insured	Beneficiary Percentage
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Address	Primary Beneficiary Phone
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Secondary Beneficiary	Relationship to Insured	Beneficiary Percentage
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Address	Secondary Beneficiary Phone
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Contingency Beneficiary	Relationship to Insured	Beneficiary Percentage
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Address	Contingency Beneficiary Phone
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Sign and Date Below
 (Note: the witness must be someone other than the beneficiary.)

Date	Signature of Owner
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Witness

Signature of Signee (if applicable)	Signature of Irrevocable Beneficiary (if any)
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