Reset Form

Change of Beneficiary Form

Form Submission Instructions
Email: Forms@GCUusa.com
Fax: (724) 495-3421
Address: 5400 Tuscarawas Rd
Beaver, PA 15009

GCU does not provide tax, legal, or investment advice. Please consult with and rely on your own tax, legal, or investment professional(s) for guidance.

Please note that any altered documents, including but not limited to those with correction fluid or photocopied/reused signatures, will NOT be accepted. Once a request has been processed, the transaction is final and cannot be reversed or returned. If your request is related to a taxable distribution, it will be reported as income in the year it was issued.

Member Information: Policy/Certificate No.:	
First Name:	Last Name:
SSN:	DOB (mm/dd/yyyy):
Address:	
(Is this a new address? ☐ Yes ☐ No)	Email Address:
Cell Phone No.:	Home Phone No.:
If we have any questions or issues with this form, how should we contact you? Cell Phone:☐ Email:☐ Mail:☐ Contact my Agent:☐	

By signing below, I hereby revoke all previous beneficiary designations & elect to designate the following beneficiary(ies).

These beneficiary changes will be considered revocable.

Upon the Insured's death, proceeds will be paid to the Primary Beneficiary(ies). If none survive, proceeds go to the Contingent Beneficiary(ies), if named; otherwise, to the estate.

Choose how proceeds are distributed:

- **Per Capita** (default) – Divided equally among surviving beneficiaries.
- **Per Stirpes** – A predeceased beneficiary's share passes equally to their children.
  - If electing Per Stirpes, attach a signed list of the beneficiary's children with their name, address, phone number, date of birth, and SSN.

If share % exceed two decimal places, GCU will round to the nearest hundredth (0.01%) & ensure the total equals 100%.

Individual(s) Select one: ☐ Primary ☐ Contingent	Select one: ☐ Per stirpes ☐ Per capita	
Name: (first, middle initial, last)	SSN:	Share %
Relationship to Insured:	Phone No.:	DOB (mm/dd/yyyy)
Mailing Address:	Email Address:	
Select one: ☐ Primary ☐ Contingent	Select one: ☐ Per stirpes ☐ Per capita	
Name: (first, middle initial, last)	SSN:	Share %
Relationship to Insured:	Phone No.:	DOB (mm/dd/yyyy)
Mailing Address:	Email Address:	
Select one: ☐ Primary ☐ Contingent	Select one: ☐ Per stirpes ☐ Per capita	
Name: (first, middle initial, last)	SSN:	Share %
Relationship to Insured:	Phone No.:	DOB (mm/dd/yyyy)
Mailing Address:	Email Address:	

Trust	Select one: ☐ Primary ☐ Contingent	
Full Trust Name	TIN:	Share %
Trustee Name (first, middle initial, last)	Phone No.	Trust Date:
Trustee Mailing Address:	Trustee Email Address:	

Entity	Select one: ☐ Primary ☐ Contingent	Select one: ☐ Corporation ☐ Charity ☐ Estate ☐ Other
Entity Name	TIN:	Share %
Mailing Address:	Phone No.	Email Address:

Note: If there are additional beneficiaries or trustees that do not fit on this form, please list them on a separate signed and dated document. To help ensure your designation is in good order and to avoid delays during the claims process, please complete all fields accurately.

Signature:

Residents (Excluding California): By signing this form, I/we acknowledge and understand the following:

- Each Owner has read, understands and agrees to the information provided throughout this form.
- This form must be fully completed, and failure to complete any portion may result in delays in processing the request

California Specific Residents: For your protection, California law requires the following statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and imprisonment in state prison.

Owner/Assignee Signature	Signature Date
Joint Owner/Assignee Signature*(if applicable)*	Signature Date
Spousal Signature*(if applicable)**	Signature Date
Disinterested witness' signature**	Signature Date

*If this transaction is subject to community property interests, we strongly recommend that you obtain your spouse's signature in the acknowledgment section of the form to document their consent to this transaction. Community property states include Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

By not obtaining your spouse's signature, you acknowledge and agree that GCU may assume no community property interest exists. Additionally, GCU has no obligation to investigate further into any potential community property interests. You agree to indemnify and hold GCU harmless from any consequences arising from community property interests related to this transaction.

**If the current owner resides in the state of Massachusetts, the signature of a disinterested witness is required. A disinterested witness is defined as someone who is not a designated beneficiary and not acting as an agent in connection with this policy/certificate.