



**ENCOVA LIFE**  
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## SPOUSE ROLLOVER FORM – BENEFICIARY ELECTION FORM

Complete this form if electing a spousal rollover hold on the death claim proceeds.

I have elected the following beneficiary(s) for the policy due to the death of my spouse under policy number

\_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of beneficiary to above policy

\_\_\_\_\_  
Witness

I have elected the following beneficiary(s) for my spousal rollover:

**Primary beneficiary:** \_\_\_\_\_ **Contingent beneficiary:** \_\_\_\_\_

\_\_\_\_\_  
Name Relationship to beneficiary listed above Social Security number

**Primary beneficiary:** \_\_\_\_\_ **Contingent beneficiary:** \_\_\_\_\_

\_\_\_\_\_  
Name Relationship to beneficiary listed above Social Security number

**Primary beneficiary:** \_\_\_\_\_ **Contingent beneficiary:** \_\_\_\_\_

\_\_\_\_\_  
Name Relationship to beneficiary listed above Social Security number

List additional beneficiaries on a separate sheet.