

NewBridge Life â Beneficiary Change Form

DRAFT â FOR REVIEW PURPOSES ONLY

Policy Number: _____

Policyholder Name: _____

Date of Birth: _____

Address: _____

City / State / ZIP: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

Please mail completed form to:

NewBridge Life

Attn: Policy Services

New York, NY

Or email: hello@newbridgelife.com