

We ask for detailed information about your beneficiary(ies). This information will help us identify and pay the appropriate beneficiary(ies) at the death of the insured, which may be many years after you make this designation. To ensure we satisfy our claims obligations, we sometimes use social security number(s) and birthday(s) to identify and locate each beneficiary to whom we owe payments. Listed in the boxes below are the key pieces of information we need in each section of the Change of Beneficiary Form.

Please help us ensure we pay your beneficiary(ies) quickly and accurately by providing as much of the requested information as you can. Thank you for your time.

**INSTRUCTION PAGE: PLEASE DO NOT WRITE ON THIS PAGE.**

Section A	• Insured’s Name	• Contract Number	<b>MUST RETURN ALL THREE (3) PAGES OF THE BENEFICIARY FORM</b>
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Section B	<ul style="list-style-type: none"> <li>• Beneficiary(ies) Name(s)</li> <li>• Beneficiary(ies) Date(s) of Birth</li> <li>• Percent of Proceeds payable to each Beneficiary Total percent must equal 100% for each type of beneficiary. The primary beneficiaries must total 100%. The 1st Contingent Beneficiary(ies) must total 100%. The 2nd Contingent Beneficiary(ies) must total 100%.</li> <li>• Beneficiary(ies) Social Security Number(s) or Tax ID Number(s)</li> <li>• Beneficiary(ies) Relationship to Insured</li> <li>• Beneficiary(ies) Telephone Number</li> <li>• Beneficiary(ies) Address(es)</li> <li>• If designating a Trust, provide the Trust name, date and address. The Trust document will need to be provided in its entirety with this completed form.</li> <li>• If designating an estate, enter “Estate of Insured” on designation line</li> </ul> <p>If you should need more space than is provided on our form, please attach additional pages. Each page must include a contract number, date and the owner signature(s).</p>
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Section C	<p>Signature requirements (vary based on ownership of contract). Examples are:</p> <ul style="list-style-type: none"> <li>• <b>Individual:</b> Print and sign your name exactly as it appears on your contract. If your name has changed, a Name Change form is required.</li> <li>• <b>Multiple Owners:</b> <u>All</u> owners must sign.</li> <li>• <b>Partnership:</b> <u>All</u> partners must sign (unless we have a form, signed by all partners, authorizing one partner to sign.)</li> <li>• <b>Corporation:</b> An officer, other than the insured, must sign indicating their position in the corporation. Please provide a Corporate Resolution granting signature authority.</li> <li>• <b>Trust:</b> The current trustee(s) must sign. (A Certification of Trust form is also required.)</li> <li>• <b>Important Note:</b> The owner of the contract(s) must sign the form and their signatures must be witnessed.</li> </ul>
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**Section A. Contract Information**

Insured's Name \_\_\_\_\_

Contract Number \_\_\_\_\_

**Section B. Beneficiary Designation**

I designate the following as beneficiary(ies) to receive any death benefit that becomes payable under this contract. Payment will be made to the beneficiary(ies) that survive the insured, successively, in the following order, in the percentages indicated. (Percentages for Primary Beneficiary(ies) must equal 100% and percentages for 1st Contingent Beneficiary(ies) must equal 100% and percentages for 2nd Contingent Beneficiary(ies) must equal 100%)

1. Primary Beneficiary(ies)
2. Then 1st Contingent Beneficiary(ies) (If no primary living at the death of the Insured)
3. Then 2nd Contingent Beneficiary(ies) (If no primary, or 1st Contingent Beneficiary living at the death of the Insured)
4. The estate of the last surviving beneficiary unless governed by a contractual provision stating otherwise.

I reserve the right to revoke or change any beneficiary designation in the future. I revoke any previous beneficiary designations and settlement agreements that apply to the amount payable under the contract in the event of my death. Any person to receive proceeds of this contract must be listed on this form.

Beneficiary's Name (First, Middle Initial, Last), Entity Name or Estate _____				
Percent (%) of death benefit _____	Date of Birth / Date Trust Established _____	Social Security Number / Tax ID # _____	Telephone Number _____	
Relationship of Beneficiary to Insured <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other _____				
Street Number _____	Street Name _____	City _____	State _____	Zip Code _____
<input checked="" type="checkbox"/> Check One (If nothing checked, the designation will be Primary) <input type="checkbox"/> Primary <input type="checkbox"/> 1st Contingent <input type="checkbox"/> 2nd Contingent				

Beneficiary's Name (First, Middle Initial, Last), Entity Name or Estate _____				
Percent (%) of death benefit _____	Date of Birth / Date Trust Established _____	Social Security Number / Tax ID # _____	Telephone Number _____	
Relationship of Beneficiary to Insured <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other _____				
Street Number _____	Street Name _____	City _____	State _____	Zip Code _____
<input checked="" type="checkbox"/> Check One (If nothing checked, the designation will be Primary) <input type="checkbox"/> Primary <input type="checkbox"/> 1st Contingent <input type="checkbox"/> 2nd Contingent				

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Contract Number \_\_\_\_\_

**Section B. Beneficiary Designation (Continued from page 1)**

Beneficiary's Name (First, Middle Initial, Last), Entity Name or Estate \_\_\_\_\_

Percent (%) of death benefit \_\_\_\_\_ Date of Birth / Date Trust Established \_\_\_\_\_ Social Security Number / Tax ID # \_\_\_\_\_ Telephone Number \_\_\_\_\_

Relationship of Beneficiary to Insured  Spouse  Child  Trust  Other \_\_\_\_\_

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

• Check One (If nothing checked, the designation will be Primary)  Primary  1st Contingent  2nd Contingent

Beneficiary's Name (First, Middle Initial, Last), Entity Name or Estate \_\_\_\_\_

Percent (%) of death benefit \_\_\_\_\_ Date of Birth / Date Trust Established \_\_\_\_\_ Social Security Number / Tax ID # \_\_\_\_\_ Telephone Number \_\_\_\_\_

Relationship of Beneficiary to Insured  Spouse  Child  Trust  Other \_\_\_\_\_

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

• Check One (If nothing checked, the designation will be Primary)  Primary  1st Contingent  2nd Contingent

Beneficiary's Name (First, Middle Initial, Last), Entity Name or Estate \_\_\_\_\_

Percent (%) of death benefit \_\_\_\_\_ Date of Birth / Date Trust Established \_\_\_\_\_ Social Security Number / Tax ID # \_\_\_\_\_ Telephone Number \_\_\_\_\_

Relationship of Beneficiary to Insured  Spouse  Child  Trust  Other \_\_\_\_\_

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

• Check One (If nothing checked, the designation will be Primary)  Primary  1st Contingent  2nd Contingent

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