TEXASLIFE INSURANCE COMPANY

BENEFICIARY CHANGE INSTRUCTIONS

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	• Policy Number

Section B	
	• Beneficiary(ies) Name(s) • Beneficiary(ies) Date(s) of Birth • 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%. • Beneficiary(ies) Social Security Number(s) or Tax ID Number(s) • Beneficiary(ies) Relationship to Insured • Beneficiary(ies) Address(es) • If designating a Trust, provide the Trust name, date and address • If designating an estate, enter "Estate of Insured" on designation line If you should need more space than is provided on our form, please attach additional pages. Each page must include a policy number, date and the owner signature(s).

Section C	Signature requirements (vary based on ownership of policy). Examples are:	
	• **Individual:**	Print and sign your name exactly as it appears on your policy. If your name has changed, a Name Change form is required.
	• **Multiple Owners:**	<u>All</u> owners must sign.
	• **Partnership:**	<u>All</u> partners must sign (unless we have a form, signed by all partners, authorizing one partner to sign.)
	• **Corporation:**	An officer, other than the insured, must sign indicating their position in the corporation. Please provide a Corporate Resolution granting signature authority.
	• **Trust:**	The current trustee(s) must sign. (A Certification of Trust form is also required.)
	• **Important Note:**	The owner of the policy(ies) must sign the form and their signatures must be witnessed.

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TEXASLIFE INSURANCE COMPANY

CHANGE OF BENEFICIARY FORM

A. Policy Information **Original form must be returned for processing.**

Insured's Name

Policy Number(s)

B. Beneficiary Designation

I designate the following as beneficiary(ies) to receive any death benefit that becomes payable under this policy 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 policy in the event of my death. Any person to receive preceeds of this policy 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 of Trust | Social Security Number /Tax ID No.

Relationship 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 of Trust | Social Security Number /Tax ID No.

Relationship 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

Change of Beneficiary Form

Policy #(s) ______________________

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

Percent (%) of death benefit | Date of Birth/Date of Trust | Social Security Number /Tax ID No.

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

Percent (%) of death benefit | Date of Birth/Date of Trust | Social Security Number /Tax ID No.

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

Percent (%) of death benefit | Date of Birth/Date of Trust | Social Security Number /Tax ID No.

Relationship 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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☐ **Attached is/are ______(# of pages) that are to be made a part of this change. Each page must be dated, signed, and include the applicable policy number(s).**

Change of Beneficiary Form

Policy #(s) _____

C. Signature and Date **Form must be signed by owner, dated, and witnessed**

Individual Owner

This beneficiary change is effective only when recorded by the company at its home office and is effective as of the date signed by the owner. The company shall not be liable for payment to the beneficiary(ies) listed in Section B if the claim obligation was satisfied prior to the recording of this form. The company may use proof by affidavit or other evidence deemed satisfactory to determine the persons comprising a class of beneficiaries. Any payment made by the company relying on such proof, to the extent of such payment, shall be a valid discharge of the company's obligation under the policy. If a Testamentary Trust is named as beneficiary and the Will naming the trust is not probated within 180 days from the date of the Insured's death, the proceeds shall be paid as if a beneficiary did not survive the Insured. I make this change as allowed in my policy, subject to the terms and conditions therein, as well as any assignment. I expressly reserve the right to change the beneficiary in the future any time I may elect.

Signature:	**Printed Name:**	**Date:**
_____	_____	_____
Owner		
_____	_____	_____
Joint Owner		
_____	_____	_____

Witness **(Form must be witnessed. In Massachusetts, the witness cannot also be your beneficiary.)**

Non Individual Owner

This beneficiary change is effective only when recorded by the company at its home office and is effective as of the date signed by the owner. The company shall not be liable for payment to the beneficiary(ies) listed in Section B if the claim obligation was satisfied prior to the recording of this form. The company may use proof by affidavit or other evidence deemed satisfactory to determine the persons comprising a class of beneficiaries. Any payment made by the company relying on such proof, to the extent of such payment, shall be a valid discharge of the company's obligation under the policy. If a Testamentary Trust is named as beneficiary and the Will naming the trust is not probated within 180 days from the date of the Insured's death, the proceeds shall be paid as if a beneficiary did not survive the Insured. I make this change as allowed in my policy, subject to the terms and conditions therein, as well as any assignment. I expressly reserve the right to change the beneficiary in the future any time I may elect.

_____

Full name of Entity, Trust, or Corporation *

Signing in the capacity as: ☐ Trustee ☐ Officer_____ ☐ Other _____

(List Corporate Title)

Signature:	**Print Name:**	**Date:**
A) _____	_____	_____
B) _____	_____	_____
_____	_____	_____

Witness *** Corporate Resolution required if corporation.**

This space for Home Office use only

TEXAS LIFE INSURANCE COMPANY

_____ By _____

Date Recorded Director of Customer Service