

REQUEST AND ENDORSEMENT FOR CHANGE OF BENEFICIARY

To be attached to Policy No. _____ on the life of _____.

The Texas Life Insurance Company (hereinafter called the Company) is hereby requested to revoke all prior beneficiary designations and optional method of settlement, if any, and change the beneficiary of said policy as follows:

GIVE FULL NAME, RELATIONSHIP TO INSURED, DATE OF BIRTH, AND MAILING ADDRESS FOR EACH BENEFICIARY.

Unless otherwise provided herein, the proceeds shall be paid in a lump sum to the Primary Beneficiary, if living, otherwise to the First Contingent Beneficiary, if living, otherwise to the Second Contingent Beneficiary, if living, otherwise as provided in the policy. If there is more than one beneficiary designated either by name or class of the same rank (Primary, First Contingent or Second Contingent) payment shall be made in equal shares to all beneficiaries of such rank who survive the insured, unless otherwise provided herein. All reference to "Beneficiary" herein shall apply to all beneficiaries of the same rank when there are more than one.

If this Request shall make any provision for children of any person as a class, the phrase shall include only lawful children of that person, including any legally adopted child, except as the term "child" or "children" shall be otherwise specifically defined in this Request.

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.

The Company in determining the persons comprising any class designated as beneficiary hereunder, or any facts relating to any person or beneficiary mentioned herein either as a class or otherwise, may rely solely upon proof by affidavit or other evidence deemed satisfactory to it and any payment made by the Company in reliance thereon shall, to the extent of such payment, be a valid discharge of the Company's obligation under the policy.

This change of beneficiary shall be effective only when recorded by the Company at its Home Office, but when so recorded shall take effect as of the date signed by the owner, without prejudice to the Company on account of any payment made or other action taken by the Company before such recording.

I make this change in accordance with the provisions of said policy and subject to the above conditions as well as any existing assignment and, unless otherwise provided by me in this request, I expressly reserve the right to again change the beneficiary at any time I may elect.

Dated at _____ this _____ day of _____, _____.

City State Day Month Year

 Witness

 Signature of Owner

 Witness

This space for Home Office use only

TEXAS LIFE INSURANCE COMPANY

 Date Recorded

By _____
 Associate Director of Insurance Services

By _____
 Service Representative

INSTRUCTIONS

The Change of Beneficiary form must be completed in duplicate and both copies must be forwarded to the Company. The forms will be recorded and the duplicate copy bearing the record date and Officer's signature will be returned to be kept with the policy as evidence of change of beneficiary.

For each beneficiary named, the following information must be supplied.

1. Full Name
2. Relationship to Insured
3. Date of Birth
4. Complete Mailing Address

BENEFICIARY DESIGNATION EXAMPLES

- (1) Insured's Estate
The legal representative of the estate of the insured.
- (2) One Beneficiary
Mary E. Doe, wife
- (3) Two Primary Beneficiaries
John A. Doe, father and Jane M. Doe, mother
- (4) Several Named Children as Primary Beneficiary
Allen S. Doe, Frank J. Doe, and Alice Ann Doe, children
- (5) Unnamed Children of Present Marriage
Children born of the marriage of the Insured and Mary Doe, wife
- (6) One Primary and One Contingent Beneficiary
Mary E. Doe, wife, if living; otherwise to Frank J. Doe, son
- (7) One Primary, One First and One Second Contingent Beneficiaries
Mary E. Doe, wife, if living; otherwise to Frank J. Doe, son, or if both predeceased the Insured, to Jane M. Doe, mother
- (8) Trustee as Beneficiary under Written Agreement of Trust or Trustee for children
The Winter National Bank of Summer, TX as Trustee under the Jones Family Trust agreement dated _____
. John Doe, Trustee for the Benefit of Lisa Doe, Daughter and Ken Doe, Son
- (9) Unequal Distribution to Beneficiaries Specified in Fractions
75% of the proceeds to Mary E. Doe, wife and 25% of the proceeds to Jo Ann Doe, daughter. Should either beneficiary predeceased the Insured all should be paid to the survivor.
- (10) Testamentary Trust as Beneficiary as Written in Will
The trustee named in the Last Will and Testament of the Insured. Should no will naming such trustee be probated within 180 days from the date of death, the proceeds shall be paid to the legal representative of the estate of the insured.