

REQUEST FOR CHANGE OF BENEFICIARY FORM

Policy Number: _____ Insured: _____

- **Faxes Will Not Be Accepted**
- **Do No Send Policy with this form**

Policy Owner: _____

Complete form by typing or printing using ink. Any alterations to the form must be initialed by the owner. The form must be signed and dated within the past six months. Separate requests must be submitted for multiple policies. If more than two beneficiaries are requested, a Separate page or copy of this form may be submitted which contains the policy number, the information regarding the beneficiary, the owner's signature(s) and the date signed. If more than one beneficiary is named, state the exact manner in which they are to share in the proceeds by using percentages. The percentages must equal 100%. Review the attached additional instructions if: the policy owner is a trust or a corporation, you are changing the beneficiary to a trust or corporation, the policy owner name has changed, or if you reside in a community property state.

PRIMARY:

1) _____
NAME DATE OF BIRTH RELATIONSHIP SS# OR TIN# %

ADDRESS

2) _____
NAME DATE OF BIRTH RELATIONSHIP SS# OR TIN# %

ADDRESS

CONTINGENT:

1) _____
NAME DATE OF BIRTH RELATIONSHIP SS# OR TIN# %

ADDRESS

2) _____
NAME DATE OF BIRTH RELATIONSHIP SS# OR TIN# %

ADDRESS

Policies subject to Viatical / Life Settlement transaction - Is any individual/entity listed on this form as beneficiary, a viatical settlement provider, a life settlement provider, the receiver or conservator of a viatical or life settlement company, a viatical of life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider, or an individual or entity which invested in this policy as a viatical or life settlement? Yes No

I (we) as the policyowner(s) hereby consent to the above designations and revoke all previous beneficiary designations. The effective date of this revocation and change, upon being filed and recorded with the Company, will take effect as of the date the form was signed, unless the policy has been terminated, surrendered, or had a claim filed and/or processed against it before this revocation and change is received by the Company.

Print Name of Policy Owner Signature of Policy Owner Date

Print Name of Policy Co-owner (if applicable) Signature of Policy Co-Owner (if applicable) Date

Spousal Signature (See additional Instructions attached) Date Irrevocable Beneficiary Signature (if applicable) Date

Signature of Notary Official, if applicable Notary seal/stamp. If the owner's signature has changed over the years please have the signature notarized Date