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Policy 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 Ist Contingent Ist Contingent						2nd Contingent	

Beneficiary's Name (First, Middle Initial, Last), Entity Name or Estate							
Percent (%) of	Date of Birth / Date						

Policy Number

Section C. Signatures and Date

This beneficiary change is effective only when it is received and 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.

For the purpose of this form a facsimile copy of my signature shall cd. AND COMPANY AND SERVER AND COMPANY AND COMPANY