

POLICY SERVICE APPLICATION - BENEFICIARY

Policy Number	Insured	Owner (if other than Insured)	Date
---------------	---------	-------------------------------	------

REQUEST FOR CHANGE OF BENEFICIARY

REVOCABLE

IRREVOCABLE

***I hereby revoke all previous beneficiary designations and all prior settlement requests or agreements. I hereby elect to change the beneficiary of this policy to:**

Primary Beneficiary

- 1. _____
Name (Please Print Full Name) Relationship % of Proceeds Mailing Address
- 2. _____
Name (Please Print Full Name) Relationship % of Proceeds Mailing Address
- 3. _____
Name (Please Print Full Name) Relationship % of Proceeds Mailing Address

Contingent Beneficiary (This is the beneficiary who will take the proceeds if the primary beneficiary is unable.)

- 1. _____
Name (Please Print Full Name) Relationship % of Proceeds Mailing Address
- 2. _____
Name (Please Print Full Name) Relationship % of Proceeds Mailing Address

***Any Attachment/Addendum must include the policy number, date, policyowner's signature and witness signature.**

Provisions and Conditions

Unless percentages are entered above, the proceeds of this policy will be divided equally among all persons named as Primary Beneficiary and who survives the Insured. If none of the Primary Beneficiary(ies) survive the Insured, and if no percentages are provided above, the proceeds will be divided equally among all persons who are named as Contingent Beneficiary who survive the Insured. Should neither the Primary nor Contingent Beneficiary survive the Insured, the proceeds will be paid to the Estate of the Insured. Payment shall be made in a single sum, but any beneficiary shall have the right to select any optional method of settlement provided by the policy.

If the proceeds of this policy become payable to a trustee, then "trustee" shall mean such individual(s) as named in the trust under the terms of the trust agreement, or trustee(s) that are appointed by a court of competent jurisdiction. Payment to any beneficiary whose interest is contingent to the trustee(s) will be made after the Company has received satisfactory proof that the trust failed or was terminated, prior to payment of proceeds.

It is hereby expressly understood and agreed that the Company is under no duty or obligation to determine the power or authority of the trustee(s) with respect to policy proceeds. It is further understood and agreed that the Company is under no duty or obligation with regard to whether the trustee(s) has properly used or applied the policy proceeds.

Once the Company has paid the trustee(s) as described herein, the Company is forever discharged from any and all liability relating in any manner to the amount paid nor the fact that the funds were paid to the trustee. It is understood and agreed that if a testamentary trustee is named as beneficiary, the Company will pay the policy proceeds to the testamentary trustee following receipt of proof, satisfactory to the Company, (i) the Insured's Last Will and Testament has been admitted to probate within 90 days of the date of death (or other period of time as stated here by the Insured); (ii) the probate court approves the appointment of the testamentary trustee. If these conditions are not met, the policy proceeds may be paid, at the sole discretion of the Company, into the probate court for distribution to the proper parties.

If the proceeds are payable to a minor (under age 18), the proceeds shall only be paid to a court-appointed Guardian of the Estate of the Minor. The proceeds shall not be paid to a Guardian or to a parent. If the court having jurisdiction has not appointed a Guardian of the Estate of the Minor, the Company shall hold the funds for the minor's benefit, bearing interest, until the minor reaches age 18, at which time the proceeds, plus accumulated interest shall be payable to the minor upon submission of a claim in a form acceptable to the Company.

I represent and certify that no insolvency or bankruptcy proceedings are now pending against me, nor is this policy subject to any federal or statetax lien or community property laws.



Provisions and Conditions (continued)

Waiver of Endorsement: The Insured or policyowner requests, and by accepting and approving this instrument, the Company agrees, that any provision in this policy requiring endorsement of the policy to effect a change of beneficiary is hereby waived, and that the change of beneficiary requested herein shall become effective upon the completion of this form and approval thereof by the Company at its Administrative office.

It is agreed that the signatures below shall apply to beneficiary request provided on the front of this form. It is further agreed that any provision of the policy requiring the policy to be returned to the Company for endorsement is hereby waived and shall have no effect. The requested change shall be effective on a date after receipt by the Company at its Administrative Office, provided this form is properly completed and in a form acceptable to the company. Following review and processing by the Company, a letter acknowledging the change and the recording thereof shall be sent to the policyowner. The Company shall not be liable for payment to any beneficiary unless and until that beneficiary designation has been received, approved and processed by the Company.

Community Property States

If you currently reside in one of the following states (or **Puerto Rico**) please complete the additional information below:

- | | | |
|-------------------|-------------------|-------------------|
| Arizona | Louisiana | Texas |
| California | New Mexico | Washington |
| Idaho | Nevada | Wisconsin |

1. If you have **never been married**, please acknowledge by signing here:

_____ Signature	_____ Date
--------------------	---------------

2. If you are **currently married**, your spouse must consent to the transaction by signing here:

_____ Spouse's Signature	_____ Date
-----------------------------	---------------

3. If your **spouse is deceased**, please attach a copy of the Death Certificate.

4. If you are **divorced**:

- A. and the policy was included in the Divorce Decree or property Settlement Agreement and was awarded to you, please attach a certified copy of the document. Spouse's consent not required.
- B. and the policy was not included in the Divorce Decree or Property Settlement Agreement, it will be necessary for your ex-spouse to consent by signing here:

_____ Ex-Spouse's Signature	_____ Date
--------------------------------	---------------

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or policyowner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

Failure to follow these instructions in their entirety will result in delays in the processing of this request.

AUTHORIZATION/SIGNATURES

The persons signing this form affirm under penalty of perjury that they are authorized to execute this document.

X

Signature of Policyowner

If Corporation/Trustee, Title

Signature of Co-Policyowner

If Corporation/Trustee, Title

Signature of Irrevocable Beneficiary

Signature of Assignee, Title

X

Printed Name of Policyowner

X

SSN/TIN

Printed Name of Co-Policyowner

SSN/TIN

Printed Name of Irrevocable Beneficiary

Printed Name of Assignee

