



CHANGE OF BENEFICIARY (LIFE AND / OR ANNUITY)

Insured/Annuitant _____ Policy/Contract Number _____

Name of Policy/Contract Owner _____

DESIGNATIONS OTHER THAN A TRUST AS BENEFICIARY (Complete Page 1 and also Page 3 for date and signature)

The Company is directed to cancel all prior beneficiary designations and settlement options, and to change the beneficiary arrangement as follows:

PRIMARY BENEFICIARY

FULL NAMES	FULL STREET ADDRESS	RELATIONSHIP TO INSURED/ANNUITANT	DATE(S) OF BIRTH

Optional Payout Election:

Duration

Frequency

- | | |
|--|---|
| <input type="checkbox"/> Life with _____(5 or 10) Years Period Certain
<input type="checkbox"/> Period Certain for _____(5 or 10) Years | <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Semi-annual
<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually |
|--|---|

With no rights to convert contract or withdrawal of commuted value of unpaid payments.

FIRST CONTINGENT BENEFICIARY

FULL NAMES	FULL STREET ADDRESS	RELATIONSHIP TO INSURED/ANNUITANT	DATE(S) OF BIRTH

Optional Payout Election:

Duration

Frequency

- | | |
|--|---|
| <input type="checkbox"/> Life with _____(5 or 10) Years Period Certain
<input type="checkbox"/> Period Certain for _____(5 or 10) Years | <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Semi-annual
<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually |
|--|---|

With no rights to convert contract or withdrawal of commuted value of unpaid payments.

NOTE: IF ONLY CHILDREN OF THE INSURED/ANNUITANT (AND NO ONE ELSE) ARE NAMED AS FIRST CONTINGENT BENEFICIARY ABOVE, AND NO CHILDREN OF THE INSURED ARE NAMED AS PRIMARY BENEFICIARY, AND IT IS DESIRED THAT PRESENT AND ALL FUTURE LAWFUL CHILDREN OF THE INSURED/ANNUITANT BE INCLUDED TO SHARE EQUALLY IN THE PROCEEDS AS FIRST CONTINGENT BENEFICIARY, THEN CHECK THE FOLLOWING:

- In addition to the children named above, I (we) hereby intend that the Insured's future lawful children who survive the Insured be included to share equally in the net proceeds due at the Insured's death. "Lawful children" shall mean only those children born of or legally adopted by the Insured. The term "lawful children" shall not include step children.

(See Page 3 for date and signatures)





CHANGE OF BENEFICIARY (LIFE AND / OR ANNUITY)

NAMING A TRUST AS BENEFICIARY

PLEASE CHECK AND COMPLETE ONLY ONE OF THE FOLLOWING SECTIONS

The Company is directed to cancel all prior beneficiary designations and settlement options, and to change the beneficiary arrangement as follows:

The Owner wishes to name a Trust as (Check only one):

- Primary First Contingent Beneficiary

Trust Designation: (Check only one):

- A Pension Trust
A Revocable Living Trust
An Irrevocable Living Trust

Upon the death of the Insured, the net proceeds of this policy shall be paid to ... or his/her/its/their (as the case may be) successors in trust, as Trustee(s) of the ... (FULL LEGAL NAME OF THE TRUST) dated ... and executed by ...

**(Name of Grantor(s) Persons who created the Trust)

including any amendments made hereto. Payment of the new proceeds to such Trustee(s) shall fully and finally discharge the Company from any and all liability.

- A Testamentary Trust (a trust created under a Last Will and Testament)

Trustee of the Trust created under ... of the Last Will and Testament of the Insured. (list the specific provision of the Will creating the trust)

NOTE: If there is more than one trust under the Will and the trusts in the Will bear no names, then you must be careful to specifically list the provision of the Will listing the trust intended to be named as the beneficiary. If the trust in the Will has a name, complete the following.

..., of his/her/their/its successors in trust, as Trustee(s) (full names of all trustees)

of the ..., dated ..., and executed by (full name of the trust)

..., including, if applicable, any amendments made thereto. **(full names of Persons who created the trust)

** DO NOT INSERT THE NAME OF THE ATTORNEY OR LAW FIRM WHO DRAFTED THE TRUST.



4. **PROVISIONS APPLICABLE TO TRUSTS:**

- a) Payment of the net proceeds to any trustee shall fully, finally and forever discharge the Company from any and all liability to the extent of any payments so made.
- b) If, in the case of a living trust or pension trust, said trust has been revoked or is otherwise not in existence on the date of the Insured's death, then the net proceeds of the Policy which were to be paid to said trust shall be paid to the named First Contingent Beneficiary. If no First Contingent Beneficiary is named or if the trust is the named First Contingent Beneficiary and the Primary Beneficiary does not survive the Insured, then the net proceeds of the Policy will be paid to the Final Beneficiary.
- c) In the case of a testamentary trust, if the trustee fails to make written claim to the Company, together with a certified copy of the Will as admitted to probate, within one hundred eighty (180) days of the Insured's death, then the net proceeds which was to be paid to said trust shall be paid to the named First Contingent Beneficiary. If no First Contingent Beneficiary is named or if the testamentary trust was the named First Contingent Beneficiary and the Primary Beneficiary does not survive the Insured, then the net proceeds of the Policy will be paid to the Final Beneficiary.

RULES APPLICABLE TO ALL BENEFICIARIES

If more than one beneficiary is named in any class, payment shall be made in equal shares to the beneficiaries named in the highest class who survive the Insured, unless otherwise directed herein.

FINAL BENEFICIARY: If no designated beneficiary survives the Insured, the net proceeds of this policy shall be payable to the Owner, or if applicable to the Owner's estate. This Final Beneficiary amends and changes any final beneficiary designation in the policy in conflict with this beneficiary.

DEFERRAL OF PAYMENT: Applicable only to a natural person named as Beneficiary

Check if desired and fill in blank. The net proceeds will be paid in accordance with the terms of the policy and this form, except no payment will be made to a beneficiary, other than the Final Beneficiary or a Trustee, until the expiration of _____ days (NOT TO EXCEED 90 DAYS) after the death of the Insured. If a beneficiary does not survive this period, payment will be made as though the beneficiary had died before the Insured.

The word "policy" used herein also may mean "contract." In the case of an annuity, the word "Insured" shall mean "Annuitant" and, where applicable under the provisions of the policy, the word "Insured" shall mean "Primary Insured."

This Change of Beneficiary, when received and recorded at the Home Office of the Company, shall be effective as of the date it was properly executed, subject to any payment made by the Company or action taken by it before receipt of such change. Such change is also subject to the rights of any assignee of record with the Company. The undersigned Owner certifies that he or she has possession and control of the policy; and that no other person, corporation, or association has any claim to or interest in such policy by virtue of any sale, assignment, pledge, separation or divorce agreement, or court order, unless noted herein.

Signed this _____ day of _____ yr. _____

Signature of Owner (and title if owner is a corporation or trust)

Witness (Other than Beneficiary)

Mailing Address

Witness' Address

City State Zip Code

City State Zip Code

Telephone Number

Signature of spouse (when required by State Law)

Social Security Number / Tax Identification Number

