

Name of Insurer

Policy No. (one policy only)

Insured

THE UNDERSIGNED POLICYOWNER HEREBY REVOKES ANY PREVIOUS BENEFICIARY DESIGNATION AND ANY OPTIONAL MODE OF SETTLEMENT WITH RESPECT TO ANY DEATH BENEFIT PROCEEDS PAYABLE AT THE DEATH OF THE INSURED. ANY SUCH PROCEEDS SHALL BE PAID IN ONE SUM AS FOLLOWS:

(Check and complete only one of the Items number 1-5.)

1. [] PRIMARY BENEFICIARY(IES) - In equal shares to such of:

Table with 4 columns: Full Name, Address, Relationship to Insured, Date of Birth. Includes dashed lines for input.

who may survive the Insured, and if no such beneficiary survives the Insured, CONTINGENT BENEFICIARY(IES) - In equal shares to such of:

Table with 4 columns: Full Name, Address, Relationship to Insured, Date of Birth. Includes dashed lines for input.

who may survive the Insured.

2. [] SPOUSE PRIMARY BENEFICIARY - CHILDREN CONTINGENT BENEFICIARY

_____, spouse of the Insured, if this beneficiary survives the Insured, otherwise in equal shares to the children born of the marriage of the Insured and this spouse who survive the Insured.

3. [] SPOUSE PRIMARY BENEFICIARY - CHILDREN BORN OF THE MARRIAGE CONTINGENT BENEFICIARY

_____, spouse of the Insured, if this beneficiary survives the insured, otherwise in equal shares to the children born of the marriage of the Insured and this spouse who survive the Insured.

4. [] TRUSTEE(S) AS PRIMARY BENEFICIARY

_____, of _____, Trustee(s) or any successor or successors in trust under written agreement dated _____, and any amendments thereto, or if the trust is terminated, to the Owner, or the Executors, or Administrators of the Owner.

5. [] INSURED'S ESTATE - The Executors or Administrator of the Insured.

Either or both of the following may be checked if desired.

6. [] POSTPONEMENT CLAUSE

In no case shall any payment be made to any beneficiary designated in this form until midnight of the 30th day following the Insured's death and in the event of the death of a beneficiary during such period, payment shall be made in the same manner as provided in this form had said beneficiary predeceased the Insured. This provision shall not apply to a Trustee.

7. [] CHILDREN'S CLAUSE

If a child of the Insured predeceases the Insured leaving children who survive the Insured, the share such deceased beneficiary would have received had such beneficiary survived the Insured, shall be paid in equal shares to the surviving children of such deceased beneficiary.

In the event no beneficiary survives the Insured, and if this form or the Policy does not provide otherwise, the proceeds will be paid to the Owner, or the Executors or Administrators of the Owner.

If the Policy requires that a change of beneficiary be endorsed on the Policy, it is requested that the Policy be modified to permit this beneficiary change without endorsement of the Policy.

THIS CHANGE IS SUBJECT TO THE PROVISIONS ON THE REVERSE.

Signed at _____, this _____ day of _____, 20 _____

Witness

Policyowner

Received and filed with the Insurer:

Authorized Signature

Date

PROVISIONS

Unless otherwise provided in the Policy, this beneficiary change shall take effect on the date of this request, subject to any payments made or action taken by the Insurer before this change is acknowledged by its Home Office.

The Insurer may amend this designation to include any provisions which may be necessary to conform this designation to the Insurer's rules practices and to the terms of the Policy.

The following provisions will apply to this change even though the policy may state otherwise:

The word "Insured" shall mean "Annuitant" where applicable. The word "Contract" is deemed substituted for the word "Policy" where applicable.

Payment of proceeds to any beneficiary is subject to the interest of any assignee.

The term "children of the Insured" shall include any legally adopted child or children of the Insured.

The term "children born of the marriage" shall include only children born of the marriage of the Insured and the spouse named. It shall not include adopted children born of a different marriage.

Any payment to a minor beneficiary shall be made to the legally appointed guardian of his or her estate, unless otherwise permitted by law.

In the event a Trustee is named as beneficiary, the Insurer shall not need to inquire into the terms of the trust and shall not need to know its terms. Payment to the named Trustee shall fully discharge all liability of the Insurer to the extent of such payment.

The Owner reserves the right to later change the beneficiary.

LIMITATIONS

This form should be used only if the Insurer's own beneficiary change form is not available. Due to the variety of life insurance contracts and company practices, some Insurers cannot accept this standard form.

This form is not to be used to elect an optional mode of settlement. If a payment in other than one sum is desired, contact the Insurer for help.

This form is not to be used to change the beneficiary in a Family Plan Policy.

If none of the beneficiary designations numbered 1 through 5 provide the settlement wanted by the Policyowner, contact the Insurer preferably in writing, giving full details so that the appropriate forms can be prepared.

The reference to the Trustee designation on the reverse side of the form was not intended to cover testamentary disposition of proceeds. If a testamentary designation is desired, please write to the Insurer.

If the Policyowner cannot sign the form other than making his mark (x), contact the Insurer giving full details. The Insurer will indicate the necessary requirements for making the requested change.

INSTRUCTIONS

If a change of beneficiary is desired on more than one policy, complete a separate form for each policy.

Complete the form in triplicate so that all copies are clearly legible and submit all copies to the Insurer for acknowledgment.

Place an "X" in only one of the boxes numbered 1 through 5 to select the desired beneficiary designation. Complete the information requested for that designation. Give the full name (first name, middle initial, and last name) of the desired beneficiary(ies) and the relationship, if any, of each to the Insured and the date of birth. For designation number 4, identify the trust and give the date of the trust agreement.

If a beneficiary is a married woman, furnish her given name, e.g., "Mary S. Doe", not "Mrs. John A. Doe".

A postponement clause (common disaster) and/or a children's clause (per stirpes) may be elected by checking boxes 6 and/or 7.

The Policyowner should sign the form exactly as designated in the policy. All signatures should be witnessed.

This form is not to be altered.