

## CHANGE OF BENEFICIARY

**Article I.** In accordance with the Provisions of the policy (ies) I hereby elect to change the beneficiary to the persons in the order of classes designated below. All prior designations of beneficiary and Modes of Settlement are revoked. **The right to change this designation is reserved.** No provision of this Change of Beneficiary preceded by a box shall be a part of this Change of Beneficiary unless such box is checked.

**Article II. PAYMENT TO CHILDREN OF A DECEASED BENEFICIARY:** If a beneficiary in any Class where the box has been checked is deceased at the death of the Insured, the share that would have been paid to such beneficiary had he been then living shall be paid in one sum equally to his then living children.

**Article III. DEFINITIONS:** "Child" and "Children" as used herein shall include only lawful and legally adopted sons and daughters. "Brothers" and "Sisters" shall include half-brothers and half-sisters. Masculine terms such as "he", "his", and "him" as used herein shall be construed to apply to any designated person regardless of sex. "Insured" shall mean the "annuitant" when such meaning is applicable.

**Article IV. BENEFICIARY:** Each Class of beneficiary will become entitled to receive payment in the order of designation and no payment will be made to any Class of beneficiary if any beneficiary in a preceding Class shall have become entitled to receive payment. Unless otherwise specifically provided: (a) if two or more beneficiaries are designated in the same Class, payment will be made to the survivors in such Class, in equal shares, or all to the survivor; (b) if there are no surviving beneficiaries in a Class, payment will be made to the next succeeding Class; and (c) if there are no surviving beneficiaries in any Class, payment will be made to the Owner or the estate of the Owner.

**Article V.** The Company may rely solely upon an affidavit by any Beneficiary relating to the date of birth, death, marriage or remarriage, names and addresses and other facts concerning all Beneficiaries and the Company is hereby released from all liability in relying and acting upon the statements contained in such affidavit.

All provisions of this Policy heretofore in effect requiring endorsement of change of Beneficiary are hereby canceled and annulled.

## INSTRUCTIONS

PLEASE PROVIDE INFORMATION FOR EACH BENEFICIARY DESIGNATION.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

TO DESIGNATE ADDITIONAL BENEFICIARIES, PLEASE ATTACH ADDITIONAL PAGE (S); INDICATE BENEFICIARY CLASS AND PROVIDE ALL REQUESTED INFORMATION.

**CHANGE OF BENEFICIARY DESIGNATION**

(PLEASE READ INSTRUCTIONS ON PAGE 1 BEFORE COMPLETING)

Insured: \_\_\_\_\_ Policy Number(s): \_\_\_\_\_

**CLASS A--PRIMARY BENEFICIARY (IES): (\* Required)**

*Name		*Relationship	* % of Proceeds
*Date of Birth	Social Security Number (if known)		*Telephone Number
*Street Address	*City	*State	*ZIP Code
*Name		*Relationship	* % of Proceeds
*Date of Birth	Social Security Number (if known)		*Telephone Number
*Street Address	*City	*State	*ZIP Code
*Name		*Relationship	* % of Proceeds
*Date of Birth	Social Security Number (if known)		*Telephone Number
*Street Address	*City	*State	*ZIP Code

Pay to children of each deceased Class A beneficiary as provided in Article II.

**CLASS B-- CONTINGENT BENEFICIARY (IES): (\* Required)**

*Name		*Relationship	* % of Proceeds
*Date of Birth	Social Security Number (if known)		*Telephone Number
*Street Address	*City	*State	*ZIP Code
*Name		Relationship	* % of Proceeds
*Date of Birth	Social Security Number (if known)		*Telephone Number
*Street Address	*City	*State	*ZIP Code
*Name		*Relationship	* % of Proceeds
*Date of Birth	Social Security Number (if known)		*Telephone Number
*Street Address	*City	*State	*ZIP Code

Pay to children of each deceased Class B beneficiary as provided in Article II.

SIGNED IN THE CITY OF \_\_\_\_\_, STATE OF \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

(CITY) (STATE) (DAY) (MONTH) (YEAR)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Other required Signature