



Beneficiary Agreement Request

Policy(ies): _____
 On the life of: _____

Request is hereby made, subject to the rights of present collateral assignees of record, if any, to change the Beneficiary as follows. The right is reserved to change the beneficiary. The General Provisions on page 2 are part of this Agreement. This request revokes any prior beneficiary designations.

First (Primary) Beneficiary:

| Name(s) | Relationship to Insured | Birthdate | SSN | Phone No. | % |
|---------|-------------------------|-----------|-------|-----------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

If naming a Trust as Beneficiary, please provide the following information from the trust agreement:

Trust Date: _____ Trust ID #: _____
 Trustees: _____
 Grantor: _____
 Trust Name: _____

Second (Contingent) Beneficiary: (To receive if there is no existing First Beneficiary.)

| Name(s) | Relationship to Insured | Birthdate | SSN | Phone No. | % |
|---------|-------------------------|-----------|-------|-----------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

If naming a Trust as Beneficiary, please provide the following information from the trust agreement:

Trust Date: _____ Trust ID #: _____
 Trustees: _____
 Grantor: _____
 Trust Name: _____

Beneficiary Address(es): (Attach a separate sheet if additional space for the address is needed.)

| Name: | Street Address: | City, State, Zip Code: |
|-------|-----------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Short Term Survivorship: If there are no applicable state laws, any beneficiary under this Agreement who survives the Insured but dies prior to noon of the tenth day after the death of the Insured, unless otherwise provided, will be considered as not having survived the Insured.

Beneficiary Agreement Request - General Provisions

Standard wording for common arrangements

| | |
|--|---|
| Children born to or legally adopted by John Doe. | Children of John Doe by Mary Doe and any children who may be legally adopted by both John Doe and Mary Doe. |
| John Doe, "with provision for issue" | Estate of Insured |
| Trustee or any successor trustee under the last will and testament of the Insured. | Lawful children of Insured |

Effect of Assignments: Any assignment of a policy payable under this Agreement transfers the interest of any beneficiary whom the assignor has the right to change.

Agreement Covering Annuity Contract: If any annuity contract is covered by this Agreement, the word "policy" means "annuity contract" and the word "Insured" means "the named individual upon whose death the annuity death benefit will be paid".

Order of Payment to First Beneficiary Class and Second Beneficiary Class: Payment of the death benefit will be made in one sum exclusively to the First Beneficiaries who are living at the death of the Insured, if any; otherwise to the Second Beneficiaries who are living, if any. Payment to each of said class of beneficiary will be in equal shares per capita. If payment is made in unequal shares with no living beneficiary of a share, that share will be apportioned in equal shares per capita to the then living beneficiaries of the same class. If this Agreement covers more than one policy or only a portion of a policy, pro rata portions of the death benefit of each policy covered by the Agreement shall be paid to each beneficiary entitled to payment.

Owner: The term "Owner" shall mean the designated owner of the policy at the time of claim. Payment of the death benefit will be made in one sum to the owner or the owner's estate.

Estate: The term "Estate" shall mean the court appointed executors or administrators of that person's estate.

Children: If this Agreement provides for unnamed "children" of any person, then children includes only children born to or legally adopted by that person.

Provision for Issue/Per Stirpes: The terms "provision for issue" or "per stirpes" of any person shall include only the living children born to or legally adopted by such person. The share of the proceeds of a deceased person, designated as beneficiary and who did not survive the Insured, will be paid, in equal shares to only the living children born to or legally adopted by the deceased person.

Trust Beneficiary: Unless otherwise provided, the following provision shall apply when a trust is named as Beneficiary. If the trust provides for successor trustees, the designation in this policy includes successor trustees. Likewise, if the trust allows amendments, the trust, if so amended, remains as a named Beneficiary. In no event is the Company responsible for the application or disposition of any proceeds it pays to a trust named as beneficiary. Payment to a Trust named as beneficiary is a full discharge of the liability of the Company. A Trust named as Beneficiary is considered to be a Beneficiary who did not survive the Insured if: 1) the trust has been terminated; or 2) the specified testamentary trust does not qualify as such; or 3) for any other reason a Trust Beneficiary is not entitled to any proceeds.

Notice: Notwithstanding any provision of this policy, this Beneficiary Agreement shall be effective as of its date of execution and upon its recording at the Administrative/Home Office. This Agreement is valid whether the Insured is living at the time of recording or not. This does not prejudice the Company on account of any payment made by it before receipt of this Agreement at the Administrative/Home Office. If at the death of the Insured there is no existing beneficiary, EXCEPT as may be otherwise provided in this Agreement, the death benefit will be paid in one sum to:

1. the owner or the owner's estate, or
 2. the Insured's estate on any policy that is part of a pension or profit sharing plan.
-

Authorizing Signatures:

Owner: _____

Date: (mm/dd/yyyy) _____

Spousal or Witness:

Your spouse's signature is required if the policy is governed by ERISA or you reside in AZ, CA, ID, LA, NM, NV, TX, WA & WI.

*A witness signature is required if you reside in **Massachusetts** and the policy is not an annuity, note: a named beneficiary CANNOT be a witness.*

Administrative/Home Office Use Only:

Recorded and copy returned to owner

Date: (mm/dd/yyyy)

By: _____, Registrar

Your copy of this agreement with the Company's written acknowledgment of recording should be filed with the policy. Corrections, mark-outs, erasures **must be** initialed by the policyowner. Once a form has been recorded it cannot be reused. Prior to signing any form, you may wish to consult with your tax advisor to discuss any possible tax consequences that may occur as a result of the requested changes.
