



A Member of the Sammons Financial Group

PLEASE PRINT

BENEFICIARY CHANGE REQUEST

| | | | | |
|---------------|----------------|------|-------|----------|
| Policy Number | Insured's Name | Last | First | M.I. |
| Address | Street | City | State | Zip Code |

Check here if this is a new name or address for the Insured.

I hereby revoke all previous beneficiary designations and change beneficiary or beneficiaries to the following:

PRIMARY BENEFICIARY

****Please complete both sections listed below.****

| | | | | |
|-----------|------------|------|-------------------------|----------------------------------|
| Last Name | First Name | M.I. | Relationship to Insured | % of Proceeds Must Total 100% |
| Address | Street | City | State | Zip Code |

CONTINGENT BENEFICIARY

| | | | | |
|-----------|------------|------|-------------------------|----------------------------------|
| Last Name | First Name | M.I. | Relationship to Insured | % of Proceeds Must Total 100% |
| Address | Street | City | State | Zip Code |

SIGNATURES

Unless otherwise stated, proceeds shall be paid in equal shares to any Primary Beneficiaries who survive the Insured, but if none survives, proceeds shall be paid in equal shares to any Contingent Beneficiaries who survive the Insured or, if none survive, to the estate of the Policyowner. It is hereby agreed that the provisions, if any, of the said policy requiring endorsement of change of beneficiary on the policy, are annulled.

I/We agree that any change requested above shall be effected by the Company's acknowledgement letter.

NOTE: If the Owner is a company or corporation, two officers must sign and show titles.

| | | | |
|---|---|------------|------|
| Signature of Owner | | | Date |
| Signature of Joint Owner or 2nd Officer with Title | Signature of Disinterested Witness (Required in MA) | Agent Code | Date |
| Signature of Owner's Spouse (Recommended in community property states if original beneficiary.) | | | Date |