

CHANGE OF BENEFICIARY(IES) NOTICE

Policy No(s): _____ **Issued on the life of:** _____

1. The undersigned hereby revokes all previous designations of beneficiary(ies) under the above-numbered policy(s).
2. Designation of Beneficiary. The undersigned hereby designates the following beneficiary(ies) in accordance with the "Beneficiary" provisions of the policy.

Name	Relationship	Date of Birth	%
Name	Relationship	Date of Birth	%
Name	Relationship	Date of Birth	%
Name	Relationship	Date of Birth	%

3. General Provisions:
 - A. Unless otherwise provided above, the net proceeds of the above-numbered policy(s), in the percentages(s) shown above, shall be paid to the beneficiary(s) at the death of the Insured. When the estate of the Insured is named as beneficiary, the proceeds of the policy(s) shall be paid to the executors or administrators of the Insured's estate.
 - B. If in this Notice a beneficiary(s) is designated as Trustee and if the trust is not in force at the death of the Insured, the net proceeds of the policy(s) shall be paid to the estate of the Insured.
 - C. The Company will not be responsible for the application, disposition or use of any payments by a Trustee and shall be fully discharged in making any payments to such Trustee.
 - D. It is agreed that the Company may rely upon an affidavit by any beneficiary, or upon other written evidence deemed satisfactory to it, relating to the name, marriage, death, date of birth, address or any other facts concerning any beneficiary and in making any payment or in taking any action in reliance thereon shall be fully discharged.
 - E. If this Notice is not satisfactory, the right is reserved to the Company to declare it of no binding effect.

Dated at: _____ this _____ day of _____, 20 _____

Witness	Signature of Insured
Witness	Signature of Owner (if other than insured)
Witness	Beneficiary

This is to certify that a copy of this Change of Beneficiary Notice has been accepted and recorded by the Company at its Home Office.

Signature	Date