

Beneficiary Designation

POLICY

Insured Name (First, Middle, Last)	Policy Number
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BENEFICIARY

The Owner may name or change beneficiary(ies) at any time after the policy is issued. Unless and until a beneficiary is designated, the policy's death benefit will be payable to the Owner or the Owner's estate.

BENEFICIARY (CHECK HERE IF BENEFICIARY IS UNDER 21)

Legal Name First	M.I.	Last (include maiden name in parentheses)	Suffix (e.g., Sr., Jr.)
Birthdate (MM/DD/YYYY)		Taxpayer ID Number	
Mailing Address	City	State	Zip Code
Phone Number	Email Address		
Parent or Guardian (if minor)	Relationship to Insured		
Life Insurance Benefit Payout Percent Allocation	Irrevocable Beneficiary <input type="checkbox"/> Yes <input type="checkbox"/> No		

TRUST

Name of Trust	Date of Trust (MM/DD/YYYY)		
Name or Trustee (include maiden name in parentheses)	Taxpayer ID Number of Trustee		
Mailing Address of Trustee	City	State	Zip Code

Phone Number of Trustee	Email Address of Trustee
Life Insurance Benefit Payout Percent Allocation	Irrevocable Beneficiary <input type="checkbox"/> Yes <input type="checkbox"/> No

BUSINESS OR CHARITY AS BENEFICIARY

Business Name			
Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other			Taxpayer ID Number
Mailing Address	City	State	Zip Code
Phone Number	Email Address		
Life Insurance Benefit Payout Percent Allocation	Irrevocable Beneficiary <input type="checkbox"/> Yes <input type="checkbox"/> No		

CONTINGENT BENEFICIARY

Legal Name, Business or Trust			
Birthdate (MM/DD/YYYY)		Taxpayer ID Number	
Mailing Address	City	State	Zip Code
Phone Number	Email Address		
Parent or Guardian (if minor)	Relationship to Insured		
Life Insurance Benefit Payout Percent Allocation			

[PRINT PAGE MULTIPLE TIMES FOR MULTIPLE BENEFICIARIES]

SIGNATURE

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of **Owner**

Date signed (MM/DD/YYYY)

City and **State** where signed

SIGNATURE OF SECOND OWNER (IN THE CASE OF JOINT OWNERSHIP)

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of **Joint-owner**

Date signed (MM/DD/YYYY)

City and **State** where signed

SIGNATURE OF SPOUSE (IN THE CASE OF A DIVORCE DECREE)

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of **Spouse**

Date signed (MM/DD/YYYY)

City and **State** where signed

By submitting these beneficiary changes, the Policy Owner hereby:

- Revokes all prior beneficiary designations and, if applicable, all prior payment plan elections on the referenced Policy(ies).
- Requests and directs the Company to make the submitted beneficiary a part of the referenced Policy(ies).
- Acknowledges that when the Owner of the Policy is not the Insured, and the Owner is not the Direct (primary) Beneficiary, there may be income and gift tax consequences. The Owner should seek advice from his or her own legal or tax advisors.
- Acknowledges that if a former spouse is named as a beneficiary, NewCo is not aware of, and may not have received any documentation with respect to, any divorce obligation that may exist. NewCo is not responsible for ensuring your compliance with or enforcing any such obligation.
- Acknowledges that if no beneficiaries survive the Insured and receive payment of their share of the Life Insurance Benefit, the proceeds will be paid to the Owner or to the Owner's estate.
- Acknowledges having read, understood and accepted all of the above.