

BENEFICIARY DESIGNATION

Please complete and return all copies to:
Attention: Policyholder Services,
3130 Broadway, Kansas City, MO 64111-2406

Insured _____ Owner _____
Policy No. _____ Certificate No. _____ I.D. No. _____
Type of Insurance _____ Insurance Company _____

TO BE ATTACHED TO AND FORM A PART OF THE POLICY WHEN ACCEPTED OR ENDORSED BY THE COMPANY AT ITS HOME OFFICE. **PLEASE SEE INSTRUCTIONS ON REVERSE SIDE.**

Primary Beneficiary

Print Full Name _____ %
 First Middle Last Relationship

Address _____
 Street City State Zip Code Social Security No.

Print Full Name _____ %
 First Middle Last Relationship

Address _____
 Street City State Zip Code Social Security No.

Contingent Beneficiary

Print Full Name _____ %
 First Middle Last Relationship

Address _____
 Street City State Zip Code Social Security No.

Print Full Name _____ %
 First Middle Last Relationship

Address _____
 Street City State Zip Code Social Security No.

Include As First Contingent beneficiary all future children born of insured's present marriage.

It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any first beneficiaries who survive the insured, but if none survives, proceeds will be paid in equal shares to any contingent beneficiaries who survive the insured. It is further understood and agreed that this Beneficiary Designation revokes any prior Beneficiary Designation(s).

Any beneficiary may be changed by written notice in a form satisfactory to the Company. The change will be made when this satisfactory notice is received and is effective the date it was signed. The Company's liability under the policy will be satisfied to the extent of any payment it makes according to the last beneficiary designation received and accepted by the Company.

EXECUTED AT _____ this _____ day of _____, 20____
 City State

Please sign:

▶ _____
Signature of Insured (Owner if other than Insured) Current Address Phone

▶ _____
Signature of Insured's or Owner's Spouse

▶ _____
Signature of Witness Current Address Phone

FOR HOME OFFICE USE ONLY

The above Change of Beneficiary is accepted and recorded by Us this _____ day of _____, 20____

Recorded By: _____

Representing: _____
 (Insurer)

INSTRUCTIONS

1. This form must be fully completed, dated, and properly signed.
2. No erasures or alterations are permitted. If some error is made, fill out a new form.
3. All signatures should be written exactly as the name is given in the policy or assignment. If a woman insured has changed her name through marriage, and if the policy was written in her maiden name, she should sign both her former and present name.
4. This form must be submitted to the Company or representative, and is not valid unless signed by an authorized Company representative. One copy of this form will be returned for attachment to your policy.
5. Unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survived the insured. Please indicate a percentage of the proceeds when designating all beneficiaries.
6. In naming a beneficiary, word the designation carefully. The suggested examples (enclosed) represent the most common changes and can be used where applicable.
7. Contingent beneficiaries: the interest of any beneficiary who dies before the insured shall terminate at the death of that beneficiary. If the interest of all designated beneficiaries has terminated, any proceeds payable at the insured's death shall then be paid in accordance with the provisions of the policy.
8. **Community Property States:**
Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin

ILLUSTRATIVE BENEFICIARY DESIGNATIONS

THE FOLLOWING EXAMPLES DO NOT CONSTITUTE LEGAL ADVICE TO YOU CONCERNING BENEFICIARY DESIGNATIONS. THE SUGGESTED WORDINGS ARE PROVIDED AS ILLUSTRATIONS ONLY. YOU MAY NEED TO CONSULT LEGAL COUNSEL IN YOUR STATE IF YOU HAVE ANY QUESTIONS CONCERNING THE PAYMENT OF DEATH BENEFITS.

1. One beneficiary:

- a. Elizabeth Jane Doe, (wife/husband) of the insured.
- b. Jan Doe, child of the Insured.

2. One beneficiary - two or more contingent beneficiaries:

Elizabeth Jane Doe, (wife/husband) of the Insured, if living, otherwise to Jan Doe and Larry Doe, children of the Insured, equally to the survivors or to the survivor.

3. Per Stirpes:

Elizabeth Jane Doe, (wife/husband) of the Insured, if living, otherwise to Jan Doe, Sue Doe and Larry Doe, children of the Insured, equally, per stirpes.

Note: "Equally per stirpes" means that should one child predecease you, their share of the Death Benefit would go to their children.

4. Beneficiary-named and unnamed children contingent beneficiaries:

Elizabeth Jane Doe, (wife/husband) of the Insured, if living, otherwise to Jan Doe, Sue Doe and Larry Doe and any other children of the Insured by said (wife/husband), equally to the survivors or to the survivor.

5. Beneficiary-unborn children contingent beneficiaries:

Elizabeth Jane Doe, (wife/husband) of the Insured, if living, otherwise to the children born of the marriage of the Insured and said (wife/husband), equally to the survivors or to the survivor.

6. One beneficiary - one contingent beneficiary:

- a. Elizabeth Jane Doe (wife/husband) of the Insured if living, otherwise to Sarah Doe, mother of the Insured.
- b. Elizabeth Jane Doe, (wife/husband) of the Insured, if living, otherwise to Jan Doe, daughter of the Insured.

7. Two beneficiaries:

Joe Doe and Sarah Doe, parents of the Insured, equally or to the survivor.

8. Two beneficiaries - one contingent beneficiary:

Joe Doe and Sarah Doe, parents of the Insured, equally or to the survivor or, if there be no survivor, to Jan Doe, daughter of the Insured.

9. One beneficiary - three or more contingent beneficiaries, minor's share, if any, payable to trustee:

Elizabeth Jane Doe, (wife/husband) of Insured, if living, otherwise, Jan Doe, Sue Doe, and Larry Doe, children of Insured, equally to the survivors or to the survivor. The proceeds, if any, payable to a beneficiary hereunder during his or her minority, in lieu of being paid to him or her, shall be paid to Joe Doe, father of Insured, if living, as Trustee for said minor beneficiary, and any payment to a Trustee in this manner shall fully and finally discharge the Company from all liability hereunder to the extent of such payment.

10. Three or more beneficiaries:

Jan Doe, Larry Doe, and Sue Doe, children of the Insured, equally to the survivors or the survivor.

11. Creditor beneficiary:

ABC Bank, 100 Main St., USA 64100, creditor of the Insured, as its interest may appear, balance, if any to Elizabeth Jane Doe, (wife/husband) of the Insured.

12. Trustee beneficiary:

First National Bank of 200 Main St., USA 64000, as Trustee, or its successors in Trust, under Trust Agreement dated January 1, 1990, payment to said Trustee to fully and finally discharge the Company from all liability hereunder to the extent of such payment.

13. Business/Partnership:

- a. Doe and Jones Company, business.
- b. Jack Jones, business partner of the Insured.