



SCAN Code
BOC

CHANGE OF BENEFICIARY FORM

This form provides for payment of lump sum only.

Policy No. _____

Instructions for completion on page 2.

Insured's Name (If joint life, complete separate form on each life)

The undersigned Policyowner(s) hereby **revoke all previously elected beneficiary designations** and optional modes of settlement. All death benefit proceeds provided by the subject policy upon the death of the Insured shall be paid as follows:

1. BENEFICIARY DESIGNATIONS

DESIGNATION OF PRIMARY, CONTINGENT OR IRREVOCABLE BENEFICIARIES: Unless otherwise stated, death benefit proceeds will be split equally among all surviving primary beneficiaries. If no surviving primary beneficiary exists, proceeds shall be divided equally among all surviving contingent beneficiaries. If any beneficiary dies prior to the death of the Insured, their portion(s), based on the stated percentages, shall be proportionally distributed to all surviving beneficiaries of the same class. The death benefit percentages designated below must total 100% for both primary and contingent beneficiary classes.

Full Name and Designation (Class) of Beneficiary(ies)		Soc. Sec. No./ Tax I.D. No.	Address	Relationship to Insured	Percent (Optional)
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Irrevocable	Birth Date:				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Irrevocable	Birth Date:				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Irrevocable	Birth Date:				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Irrevocable	Birth Date:				

2. TRUST AS BENEFICIARY: (Please Print) Primary Contingent

_____, Name of Trust, _____, Tax I.D. No., _____, Name of Trustee, Trustee, or any successor or successors in trust under written agreement dated _____, Month-Day-Year, and any amendments thereto, or if the trust is terminated, or does not otherwise exist, proceeds will go to any living contingent beneficiary(ies), or if none, to the Estate of the Insured.

3. INSURED'S ESTATE: Primary Contingent

Either or both of the following may be checked, if desired.

4. POSTPONEMENT CLAUSE (Common Disaster)

In no case shall any payment be made to any beneficiary designated in this form until midnight of the 30th day following the Insured's death, and in the event of the death of a beneficiary during such period, payment shall be made in the same manner as provided in this form had said beneficiary predeceased the Insured. This provision shall not apply to a Trust.

5. PER STIRPES CLAUSE

If a beneficiary who is entitled to receive policy proceeds predeceases the Insured, that beneficiary's portion shall be paid in equal shares to the surviving children of the deceased beneficiary. If the deceased beneficiary has no surviving children, that beneficiary's portion shall be equally redistributed to all surviving beneficiaries of the same class.

Unless the Policy states otherwise, in the event that no class of beneficiary survives the Insured, proceeds shall be paid equally to all surviving Policyowners. If neither any class of beneficiary nor any Policyowner survives the Insured, proceeds shall be paid to the Insured's estate.

This form shall constitute an endorsement of the Policy.

THIS CHANGE IS SUBJECT TO THE TERMS AND CONDITIONS OUTLINED ON THE SECOND PAGE OF THIS FORM.

POLICYOWNER(S) AND WITNESS MUST SIGN AND DATE BELOW. (WITNESS CANNOT BE A BENEFICIARY.)

X _____
 Signature of Policyowner Name of Policyowner (please print) City and State Date

X _____
 Signature of Joint Owner Name of Joint Owner (please print) City and State Date

X _____
 Signature of Irrevocable Beneficiary Name of Irrevocable Beneficiary (please print) City and State Date

X _____
 Signature of Witness (as witnessed by or electronically verified) Name of Witness (please print) City and State Date

TERMS AND CONDITIONS

INSTRUCTIONS

If a change of beneficiary is desired on more than one policy, complete a separate change of beneficiary form for each policy.

If a change of beneficiary is desired on a Joint Life Policy, complete a separate form on each life, signed by owner/owners.

If a beneficiary is a married woman, furnish her full name, e.g., "Mary S. Doe" not "Mrs. John A. Doe".

An irrevocable beneficiary is a beneficiary whose right to policy proceeds cannot be cancelled by the Policyowner unless that beneficiary consents in writing to the cancellation. An irrevocable beneficiary must consent in writing to any policy change that could reduce the Policy proceeds before the change can become effective.

You are not limited to a total of five beneficiaries. To assign additional beneficiaries, or to make a more complex beneficiary designation, please attach, sign and date a separate written description.

If percentages are given, the total for primary class must equal 100% and the total for contingent class must equal 100%. Only use whole percentage amounts, no fractions or decimals (e.g., 33%, not 33.3%).

A Postponement Clause (Common Disaster) and/or a Children's Clause (per stirpes) may be elected by checking boxes 4 and/or 5, respectively.

The Policyowner should sign the form exactly as designated in the Policy. All signatures must be witnessed.

This form is not to be altered.

PROVISIONS

Unless otherwise provided in the Policy, this beneficiary change shall take effect on the date of this request, subject to any payments made or action taken by the Insurer before this change is acknowledged by its home office.

The Insurer may amend this designation to include any provisions which may be necessary to conform this designation to the Insurer's rules and practices, and to the terms of the Policy.

The following provisions shall apply to this change even though the Policy may state otherwise:

The word "Insured" shall mean "Annuitant", where applicable. The "Contract" is deemed substituted for the word "Policy", where applicable.

Payment of proceeds to any beneficiary is subject to the interest of any assignee.

Any payment to a minor beneficiary shall be made to the legally appointed guardian of his or her estate, unless otherwise permitted by law.

In the event a Trustee is named as beneficiary, the Insurer shall not need to inquire into the terms of the trust and shall not need to know its terms. Payment to the named Trustee shall fully discharge all liability of the Insurer to the extent of such payment. We reserve the right to review the trust document.

If percentages are given but do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages.

The owner reserves the right to later change the beneficiary.

LIMITATIONS

If none of the beneficiary designations numbered 1 through 3 provide the settlement wanted by the Policyowner, contact the home office, preferably in writing, giving full details, so that the appropriate forms can be prepared.

The reference to the Trustee designation on Page 1 of this form is not intended to cover testamentary disposition of proceeds. If a testamentary designation is desired, please contact the home office.