



Insured's Name _____ Policy Number _____

Current Owner's Home/Cell Phone _____ Current Owner's Business Phone _____

The undersigned policyowner hereby revokes any previous beneficiary designation and any optional mode of settlement with respect to any death benefit proceeds payable at the death of the Insured. Any such proceeds shall be paid as shown below.

- First, to all primary beneficiaries who are living/existing when the Insured dies;
- Contingent beneficiaries who are living/existing, if all "primary" are not living/existing when the insured dies;
- Owner (*or owner's estate*), if no beneficiary is living/existing when the insured dies.
- When more than one living/existing beneficiary is in a class, funds are paid in equal shares unless otherwise designated.

1. Primary Beneficiary(ies) -

Living Trust: _____
Name of Trust

Dated: _____ of
Name of Trustee

_____, Trustee or Successor.
Full Address of Trustee

Testamentary Trust created by that instrument admitted to probate as the Last Will and Testament of the insured. The funds shall be paid to the trustee, or successor, named in that trust.

Individual(s): _____
Full Name *Relationship to Insured*

Full Address

2. Contingent Beneficiary(ies) -

Living Trust: _____
Name of Trust

Dated: _____ of
Name of Trustee

_____, Trustee or Successor.
Full Address of Trustee

Testamentary Trust created by that instrument admitted to probate as the Last Will and Testament of the insured. The funds shall be paid to the trustee, or successor, named in that trust.

Individual(s): _____
Full Name *Relationship to Insured*

Full Address

Payment to a trust as directed by this Beneficiary Designation ends the Company's responsibility in full. If a trust is beneficiary but does not exist when the insured dies, or no trustee qualifies or makes claim within six (6) months after the insured dies, or the Company gets proof that no trustee will qualify or make claim, then the funds shall be paid as if that trust ceased to exist before the insured died.

If any funds are left with the Company, those funds cannot be assigned and cannot be claimed by creditors until paid to the beneficiary. **No beneficiary has rights in the policy until the insured dies.** An irrevocable beneficiary must consent to a change of beneficiary, but has no other rights.

Date

Signature of Owner

Signature of Witness (A non-related person with no financial interest in the policy.)

Signature of Joint Owner

The Insurer has acknowledged and recorded the above designation.

Date

Authorized Signature

