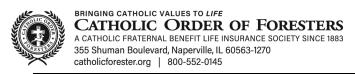
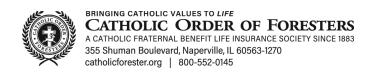
LIFE INSURANCE BENEFICIARY CHANGE REQUEST INSTRUCTIONS

| Please read carefully then complete pages two and three and return all three pages. | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| I am designating the following beneficiary(ies) for my life insurance contract. I understand the importance of also naming a contingent beneficiary(ies). One or more adults (Read "Designating one or more adults as beneficiaries") A minor child (Read "Designating a minor child as beneficiary") A trust (Read "Designating a trust as beneficiary") | | | | | | | |
| Designating one or more adults as beneficiaries | Adult(s) as beneficiary(ies). When one primary beneficiary is designated to receive 100% of the proceeds, please assign one or more contingent beneficiaries in the event the primary beneficiary or beneficiaries predecease the insured. If multiple beneficiaries are designated, provide a numerical percentage amount, even if the amount should be divided equally among all beneficiaries. The total percentage must equal 100% for primary beneficiaries. If contingent beneficiaries are designated, the total percentage must also equal 100%. For each beneficiary designee, it is essential to provide: • Beneficiary's full legal name and address • Date of birth • Relationship to the insured | | | | | | |
| Designating a minor child as beneficiary | Minor child as beneficiary. When designating a minor child as the beneficiary, ensure the designation is in agreement with your state's Uniform Transfer to Minor Act (UTMA) or Uniform Gift to Minors Act (UGMA), whichever is applicable. The adult custodian's legal name must be provided and written "For the benefit of" with the child's complete legal name. Only the custodian's name and phone number are required. The child's identifying information must be provided since he/she is the beneficiary of the policy, not the custodian. Example: (Adult Custodian's Name) for the benefit of (Minor Child's Name) under the Uniform Transfer of Minor's Act. | | | | | | |
| Designating a trust as beneficiary | Trust as beneficiary. When designating a trust as the beneficiary, the trust must already exist or come into existence at the insured's death. List the full name and address of the individual(s) named as trustee(s) and to the designation(s) which must state: "as per trust agreement dated mm/dd/yyyy." Example: (Trustee's Name) as trustee of the (Trust Name) revocable (or irrevocable) Trust dated (mm/dd/yyyy). Creating a trust upon the insured's death. When naming a trust to be created upon the insured's death, the designations must state: "The trustee of the testamentary trust created in Section XX of my probated last will, dated mm/dd/yyyy." | | | | | | |
| Witness Signature | The witness must be 1) at least age 18 or older and 2) a disinterested third party, meaning someone other than the policy owner, beneficiary(ies) or contingent beneficiary(ies). | | | | | | |



LIFE INSURANCE BENEFICIARY CHANGE REQUEST

| Cor | | ement will be returne | t the High Court office in the d and the owner should att eneficiary. | | | | | | | |
|-------|----------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------|-------------------------------|------------------|-------------|--|--|--|--|
| Polic | y Owner Name | Policy Number(s) | | | | | | | | |
| Polic | Policy Owner Mailing Address (Street, City, State, ZIP) Policy Owner date of birth | | | | | | | | | |
| Polic | Policy Owner email Policy Owner phone | | | | | | | | | |
| | ect the beneficiary(ies) des eive any amount payable u | | bove numbered insurance n the event of my death. | policy(ies) to | read as follows | and | | | | |
| A. | PRIMARY BENEFICIA | ARY(IES) DESIG | NATIONS (Use compl | ete legal nan | nes) | | | | | |
| I na | me the following revocable | e beneficiary(ies) to r | eceive any amount under t | he policy in th | ne event of my | death. | | | | |
| | Beneficiary 1 is: ☐ Adult ☐ Minor ☐ Trust Custodian Name (if applicable) Custodian Ph | | | | | | | | | |
| | Beneficiary (If an individu | al, First, Middle Initia | l, Last Name) | | | Share % | | | | |
| 1 | Beneficiary Mailing Address (Street, City, State, ZIP) | | | | | | | | | |
| | Phone | Date of birth | SSN or TIN | Relation | ship to insured | | | | | |
| | Email Country of Citizenship If foreign, Country, Prov | | | | | | | | | |
| | Beneficiary 2 is: ☐ Adul | t □ Minor □ Tru | Custodian Name (if applicable) Custodian Pho | | | ne | | | | |
| | Beneficiary 2 (If an individual, First, Middle Initial, Last Name) | | | | | | | | | |
| 2 | Beneficiary 2 Mailing Address (Street, City, State, ZIP) | | | | | | | | | |
| | Beneficiary Phone | Date of birth | SSN or TIN | Relation | ship to insured | | | | | |
| | Email | | Country of Citizenship | If foreign, Country, Province | | e/Territory | | | | |
| | Beneficiary 3 is: ☐ Adult ☐ Minor ☐ Trust Custodian Name (if applicable) Custodian Pho | | | | | | | | | |
| | Beneficiary 3 (If an individual, First, Middle Initial, Last Name) | | | | | | | | | |
| 3 | Beneficiary 3 Mailing Address (Street, City, State, ZIP) | | | | | | | | | |
| | Phone | Date of birth | SSN or TIN | Relationship to ins | | | | | | |
| | Email | | Country of Citizenship | If foreign, Co | ountry, Province | e/Territory | | | | |
| If mo | ore space is needed, attach | | HARE TOTAL Must equal 100%) | | | | | | | |



LIFE INSURANCE BENEFICIARY CHANGE REQUEST

| Policy Owner Name Insured N | | <mark>nsured Name</mark> | | nber(s) | | | |
|-----------------------------|-------------------------------------------------------------------------------|--------------------------|--------------------------------|--------------------------------|-------------------------------|------------------|-------------------|
| В. | CONTINGENT BI | ENEFICIARY | (IES) DESIG | NATIONS (Use | complete lega | al names) | |
| | Il prior named primary eceive any amount pa | | | | | ntingent benefic | iary(ies) |
| | Contingent Beneficiary 1 is: | □ Adult □ □ Trust | | todian Name (if appli | Custodian Pho | ne | |
| | Contingent Beneficiary 1 (If an individual, First, Middle Initial, Last Name) | | | | | | Share % |
| 1 | Contingent Beneficia | ary 1 Mailing Ad | <mark>ldress</mark> (Street, C | ity, State, ZIP) | | | |
| | Phone | Date of b | oirth SSN | or TIN | Relation | nship to insured | |
| | Email | 1 | Cou | ntry of Citizenship | If foreign, C | ountry, Province | e/Territory |
| | Contingent Beneficiary 2 is: | □ Adult □ □ Trust | | todian Name (if appli | icable) | Custodian Pho | one |
| | Contingent Beneficia | ary 2(If an indiv | idual, First, Midd | lle Initial, Last Name |) | | Share % |
| 2 | Contingent Beneficia | ary 2 Mailing A | ldress (Street, C | ity, State, ZIP) | | | |
| | Phone | Date of t | oirth SSN | or TIN | Relation | nship to insured | |
| | Email | | Coul | ntry of Citizenship | If foreign, Country, Province | | e/Territory |
| | Contingent Beneficiary 3 is: | ☐ Adult ☐ ☐ Trust | | todian Name (if appli | icable) | Custodian Pho | ne |
| | Contingent Beneficiary 3 (If an individual, Firs | | | st, Middle Initial, Last Name) | | | Share % |
| 3 | Contingent Beneficia | ary 3 Mailing Ad | ldress (Street, C | ity, State, ZIP) | | | |
| | Phone | Date of t | oirth SSN | or TIN | Relation | nship to insured | |
| | Email | I | Cou | ntry of Citizenship | If foreign, C | ountry, Province | /Territory |
| C. | ACKNOWLEDGE | MENT AND | ENDORSEM | ENT | | | |
| | nderstand this Life Ins nal unless revoked by | | | | | ourt beneficiary | record |
| Owi | ner Signature | | <u>Date</u> | Witness Signature | 9 | Г | <mark>)ate</mark> |
| be w | owner's signature must vitnessed by a person is not a beneficiary or | Authorized C | fficer Endorsem | ent | | Date: | |

contingent beneficiary.