Policyowner's BENEFICIARY DESIGNATION

	First		Middle		Last				
Insured's Name						Policy Number			
Owner's Home/C	Cell Phone	()		/()	Owner's E-mail Addres	ss		
The undersigned such proceeds sl First, funds If all primar If no benefi When more listed, and a	Policyowr hall be paid are paid to by beneficial dictary is livite than one any die/cear or continger	ner hereby r d as shown o all primary aries are not ing/existing living/existin ase to exist nt beneficial	evokes any below. / beneficiant living/exist when the Iring beneficial before the ries include	r previous ies who a ting wher nsured did ary is in a Insured, percenta	s beneficiary designare living/existing was the Insured dies, es, then funds are a class, funds are leach living/existinages, the total of e	vhen the Insured dies. then funds are paid to conpaid to the owner or owne paid in equal shares unless g beneficiary in this class is ach category must equal 1 ad future children born to o	ntingent benef or's estate. s otherwise de s paid in propo 100 percent.	iciaries who are living esignated. When une ortion to each one's l	g/existing. qual shares are isted share.
otherwise d	designated	. Unless nar	med individ	ually, ste	pchildren are not	ncluded.			
		•	onsent to a	a change	of beneficiary, but	has no other rights.			
1. Primary Bene	eficiary(ie : Name	s) –		Mailing	Address	Relationship to Ins.	Date of Birth	Social Security No.	Percentage
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2. Contingent	t Beneficia	arv(ies) –							
Full N		, ,		Mailing	Address	Relationship to Ins.	Date of Birth	Social Security No.	Percentage
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							1 1		
							1 1		
							1 1		
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							1 1		
Date (MM/DD/YYY	Υ)					Signature of Owner			
Signature of Witne	ss (A non-re	elated person	with no finar	ncial intere	st in the policy.)	Signature of Joint Owner			
The Insurer has a	acknowled	ged and red	corded the a	above de	signation.				
Date (MM/DD/YYYY)						Authorized Signature			
	•/					soou organicaro			