

**BENEFICIARY CHANGE
FORM**

- Family Life Insurance Company**
 Investors Life Insurance Company of North America

IMPORTANT: PRIOR TO COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE OF THIS FORM ↓

POLICY NO: _____ INSURING THE LIFE OF: _____
 The following designation cancels all prior beneficiary and settlement designations under the above-numbered policy. Proceeds will be paid as designated below. Only the legal owner of the policy may change a beneficiary designation.

PRINCIPAL BENEFICIARY, or Principal Beneficiaries in equal shares, the survivor or survivors

First Name	Initial	Last Name	Present Age	Relationship to Insured	Present Address
_____	(Print)	_____	_____	_____	_____
_____	(Print)	_____	_____	_____	_____
_____	(Print)	_____	_____	_____	_____

– If no principal beneficiary survives the Insured, said policy proceeds shall be paid to the contingent beneficiary (beneficiaries). –

CONTINGENT BENEFICIARY, or Contingent Beneficiaries in equal shares, the survivor or survivors

First Name	Initial	Last Name	Present Age	Relationship to Insured	Present Address
_____	(Print)	_____	_____	_____	_____
_____	(Print)	_____	_____	_____	_____
_____	(Print)	_____	_____	_____	_____

**If relationship is "trustee" complete one of the following:

- Trust is created by the Insured's Will and Testament and paragraph 1 on reverse under "Trustee Designations" applies.
 Trust has already been created by a written document dated _____ and is now in effect (an inter vivos or living trust). Paragraph 2 on reverse under "Trustee Designations" applies.

If the above-numbered policy is community property, any designation of beneficiary made herein without the consent of any spouse or former spouse who has a community property interest in this policy is subject to the community property rights, if any, of such spouse. The Company accepts no responsibility for the validity of any such designation. Space for the consent and signature of the spouse is provided below.

I hereby consent to the above designation.

X _____ DATE
 X _____ POLICY OWNER
 X _____ POLICY OWNER'S SPOUSE, IF COMMUNITY PROPERTY STATE

ACKNOWLEDGMENT BY COMPANY: The above indicated company acknowledges receipt, on this date, of the foregoing instrument at its Administrative Office and has filed the request or requests therein contained, subject, however, to the express condition that the policy or contract therein mentioned is, on the date of such instrument, in full force or being continued as Paid-up or Extended Term Insurance.

DATE
 AFTER ACKNOWLEDGMENT BY THE COMPANY, THIS FORM
 SHOULD BE FILED WITH THE POLICY.

Family Life Insurance Company
 Investors Life Insurance Company of North America
 P.O. Box 149138 • Austin, TX 78714-9138

By _____
 SENIOR VICE PRESIDENT

INSTRUCTIONS

The full name of each person named to appear as a beneficiary on this policy should be shown, as well as the relationship of the individual to the Insured. If more than one party is named as either a primary or secondary beneficiary, the manner in which proceeds are to be divided should be indicated, unless equal division is desired.

1. Complete a separate request for change of beneficiary for each policy to be changed. Sign by ball point pen. Press hard; be sure all copies are legible.
2. All three copies of this form are to be forwarded to the Company. When the change is recorded in the Home Office, one copy will be acknowledged and returned to be attached to the policy.
3. When a married woman is named as a beneficiary, show her first, maiden and married names. For example, if Mary Evelyn Doe married John Smith, show her name as Mary Doe Smith.
4. If unnamed children are to be beneficiaries, specify one of the following: "my lawful children" or "children born of my marriage to (name of spouse)."
5. It is not necessary to name contingent beneficiaries; however, space has been provided for first and second beneficiaries, if desired. Note any payment to a second contingent beneficiary will be made in one sum (not left with the Company under Option 3).
6. Do not submit the policy with this form unless requested.

PROVISIONS

This change of beneficiary, upon filing in the Home Office of the Company, shall be effective as of the date signed, whether or not the Insured is living when the request is received, and shall be subject to any payment made or other action taken prior to the receipt of said request.

The following provisions will apply to this change even though the policy may state otherwise:

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

Payment of proceeds to any beneficiary is subject to the interest of any assignee, if such assignment is in force and on file at the Home Office of the Company.

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

Any provision of the said policy which might be deemed to require that the said policy be delivered to the Company for endorsement of the Beneficiary change is hereby expressly waived; provided, however, that the Company may nevertheless require the presentation of said policy at the Home Office of the Company for endorsement.

All payments to be made hereunder to any of the beneficiaries named herein are for the sole use and benefit of said beneficiaries unless otherwise provided herein. Except as the laws of any state having jurisdiction in the premises may otherwise provide, no beneficiary hereunder shall have any right to assign, transfer, hypothecate, encumber, or anticipate his interest in any benefits or payments under the provisions hereof and such benefits or payments shall not be subject to the claim of creditors of any said beneficiaries nor shall they be subject to any legal process against any of said beneficiaries.

In the event a Trustee is named as beneficiary, the Insured 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.

The Owner reserves the right to later change the beneficiary.

TRUSTEE DESIGNATIONS

The Company shall not be obligated to inquire into the terms of any trust affecting the policy or the proceeds payable and shall not be chargeable with knowledge of the terms thereof. Payment to and receipt by the Insured's trustees, executors, administrators, or assigns shall fully discharge all liability of the Company to the extent of such payment.

1. Payment shall be made in one sum to the trustee or trustees named in the last will and testament of the Insured, or their successors, **provided, however,** that if no last will and testament naming a trustee has been admitted to probate within 90 days after the date of death of the Insured, or if the will submitted to probate within such 90 days names a trustee but no trustee shall have qualified within one year after the date of death of the Insured, payment of proceeds of the policy shall be made in one sum to the second beneficiary, if living; otherwise to the estate of the Insured.
2. Payment shall be made in one sum to the designated trustee, or its successors in trust, under that trust agreement, and supplements and amendments thereto, if the agreement shall be in force at the death of the Insured, and, if not, to the second beneficiary, if living; otherwise to the estate of the Insured.