Beneficiary Change Request

For Annuity Policies

UNITED LIFE

PLEASE USE PAGE TWO FOR LIFE BENEFICIARY DESIGNATIONS

Is this person an owner? \rightarrow Is this person an annuitant? \rightarrow Yes \rightarrow Normal above is BOTH a JOINT annuitant AND a JOINT owner. Please are special circumstances that apply if the person named above is BOTH a JOINT annuitant AND a JOINT owner. Please contact our office for assistance in completing this form under those circumstances. Public Designations are revocable, unless stated as irrevocable All inrevocable beneficiaries insertiations or an be changed. Irrevocable designations can only be changed when signed by all inrevocable beneficiaries. • When naming a testime trust as beneficiary, please provide the name, date and Tax ID number of the trust. • When naming a testime trust as beneficiary is deceased, proceeds will be paid to their surviving children. Per Stippes: If a named beneficiary is deceased, proceeds will be paid to their surviving children. Per Stippes: If a named beneficiary is deceased, proceeds will be paid to their surviving children. Per Stippes: If a named beneficiary is deceased, proceeds will be paid to their surviving children. Per Stippes: If a named beneficiary is deceased, proceeds will be paid to their surviving children. Per Stippes: If a named beneficiary is deceased. Proceeds will be divided equality between the other named surviving beneficiaries of that class. Designation is (Mark One) Per Stippe: I are coapita Revocable, unless stated as irrevocable. Primary Beneficiary for the person named above: Name 1. Name Date of Birth SS# Address Pelationship 2. Name Date of Birth SS# Address Relationship <th>Name</th> <th>Policy I</th> <th>Number(s)</th> <th></th>	Name	Policy I	Number(s)	
Please contact our office for assistance in completing this form under those circumstances.) INTRUCTIONS (Please complete in full) The Owner(s) must sign below and also sign and date any list if additional space is needed. Designations are revocable, unless stated as invocobable. All invocobable beneficiaries must sign this form. Revocable designations can be changed. Intervocable designations can only be changed when signed by all invocable beneficiaries. When naming a testamentary trust to be set up under a will, please provide the name, date and Tax ID number of the trust. When naming a testamentary trust to be per stirpes or per capita (if not designated, it will be per stirpes). Per Stirpes: if a named beneficiary is deceased, proceeds will be plaid to their surviving children. Per Capita: if a named beneficiary is deceased, proceeds will be divided equally between the other named surviving beneficianes of that class. Designation is (Mark One) Per Stirpes Per Capita Revocable, unless stated as invectoable. Primary Beneficiary for the person named above: 1. Name Date of Birth SS#AddressRelationship				
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1. Name Date of Birth SS# Address	Designation is (Mark One)	Capita Revocable, unless sta	ated as irrevocable.	
Address	Primary Beneficiary for the person named abov	e:		
2. Name	1. Name	Date of Birth	SS#	
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1. Name	Address		Relationshi	p
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Address	Address		Relationshi	p
Settlement Option Beneficiary Restriction I direct that the total death benefit payable to	2. Name	Date of Birth	SS#	
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Date, 20 United Life Insurance Company has completed the changes herein requested.	Owner	All Irrevocable E	Beneficiaries	<u></u>
Date, 20 United Life Insurance Company has completed the changes herein requested.	Joint Owner(s)	Any Collateral A	Assignees (must alm	avs join with above)
United Life Insurance Company has completed the changes herein requested.		-		
Acknowledged, 20	United Life Insurance Company has completed the c	hanges herein requested.		
	Acknowledged		Date	, 20

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UNITED LIFE Beneficiary Change Request

For Life Policies

PLEASE USE PAGE ONE FOR ANNUITY BENEFICIARY DESIGNATIONS

IN	а	m	e

Policy Number(s)

INSTRUCTIONS (Please complete in full)

- The Owner(s) must sign below and also sign and date any list if additional space is needed.
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 Per Capita: if a named beneficiary is deceased, proceeds will be divided equally between the other named surviving beneficiaries of that class.

Designation is (Mark One) Per Stirpes Per Capita Revocable, unless stated as irrevocable.

Primary Beneficiary for the person named above:

INSURANCE COMPANY

1. Name	Date of Birth	SS#
Address		Relationship
2. Name	Date of Birth	SS#
Address		Relationship
Contingent Beneficiary for the person	n named above: (paid to if survives primary	beneficiary)
1. Name	Date of Birth	SS#
Address		Relationship
2. Name	Date of Birth	SS#
Address		Relationship
Settlement Option Beneficiary Restri	ction	
I direct that the total death benefit payabl	e to(beneficiar	y name)
	ey are to receive an annuity income based or	
	h Period Certain monthly over numb	
monthly over number of years.		
	The Following Should Sign This Reques	:
Owner	All Irrevocable Ben	eficiaries
Joint Owner(s)	Any Collateral Assi	gnees (must always join with above)
Date	, 20	
United Life Insurance Company has com	pleted the changes herein requested.	
Acknowledged	Dat	e, 20

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(Use ONLY to specify additional beneficiary changes from pages 1 or 2)

Name (first, last)____

UNITED LIFE

_ Policy Number(s) _

Full name of the person specifying these beneficiaries.

Additional Primary Beneficiaries	Additional Contingent Beneficiaries
Name	Name
Relationship	
SS# Birthday	
Address	Address
Name	Name
Relationship	
SS# Birthday	
Address	
Name	Name
Relationship	
SS# Birthday	
Address	
Name	Name
Relationship	Relationship
SS# Birthday	
Address	Address
Name	Name
Relationship	
SS# Birthday	
Address	

The Following Should Sign This Request:

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Joint Owner(s)	Any Collateral Assignees (must always join with above)
Date , 20	
United Life Insurance Company has completed the changes he	rein requested.
Acknowledged	, 20,

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