UNITEDLIFE
INSURANCE COMPANY

BENEFICIARY CHANGE REQUEST
FOR LIFE POLICIES ONLY

Name _____ Policy Number(s) _____

Is this person an owner? ☐ Yes ☐ No

(There are special circumstances that apply if the person named above is BOTH a JOINT insured AND a JOINT owner. Please contact our office for assistance in completing this form under those circumstances.)

INSTRUCTIONS (Please complete in full)

- The Owner(s) must sign below and also sign and date the continuation of beneficiary designation if needed.
- Designations are revocable (they can be changed), unless you write irrevocable after the named beneficiary.
- When naming a trust as beneficiary, provide the name, date and Tax ID number of the trust.
- Please list your primary and/or contingent beneficiary(ies) below. Dollar amounts will not be accepted, if percentages are not provided, beneficiaries in the same category will share equally in any death benefit payable to them.
- Each category (primary and contingent) must total one hundred percent (100%).
- Name and relationship to the insured is required.

Primary Beneficiary for the person named above:

1. Name: _____ Date of Birth: _____ SS#: _____

   Address: _____ Relationship: _____ _____ %

2. Name: _____ Date of Birth: _____ SS#: _____

   Address: _____ Relationship: _____ _____ %

Contingent Beneficiary for the person named above:

1. Name: _____ Date of Birth: _____ SS#: _____

   Address: _____ Relationship: _____ _____ %

2. Name: _____ Date of Birth: _____ SS#: _____

   Address: _____ Relationship: _____ _____ %

By signing below, I request United Life Insurance Company to make the above changes to the specified contract. I direct that any endorsement of the policy requested above be effected by return of this request with the Company's acknowledgment. I agree that the Company may waive any policy provision requiring presentation of the policy for endorsement but may require such presentation if desired.

NOTE: If you are signing on behalf of an entity or other individual (e.g., Trustee, Power of Attorney), indicate your title by checking the appropriate box below. Unless previously submitted, please provide documentation authorizing you to act in this capacity.

***Consent of Spouse of Owner:** If the Owner is married and lives in the following "community property states" AZ, CA, ID, LA, NM, NV, TX, WA, & WI the Owner's Spouse must be named as the sole beneficiary or that spouse must consent by signing here. Unless the Company has been notified of a community or marital property interest in this policy, we will assume there is no such interest.

_____ _____

Signature of Owner **Date**

Title (select one, if applicable): ☐ Trustee ☐ Power of Attorney ☐ Other: _____

_____

Signature of Joint Owner(s)

Title (select one, if applicable): ☐ Power of Attorney ☐ Other: _____

_____

Spouse*

_____

All Irrevocable Beneficiaries

PO Box 729 Cedar Rapids, Iowa 52406-0729 • 200 1st St SE, Suite 1300 Cedar Rapids, IA 52401
Phone: 800-637-6318 • Fax: 888-726-9736
Email: Life@unitedlife.com • Website: unitedlife.com

BENEFICIARY CHANGE REQUEST

CONTINUATION OF BENEFICIARY DESIGNATIONS

(Use ONLY to specify additional beneficiary changes from page 1)

Name (first, last): _____ Policy Number(s): _____

Full name of the person specifying these beneficiaries.

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

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_____ _____

Signature of Owner **Date**

Title (select one, if applicable): ☐ Trustee ☐ Power of Attorney ☐ Other: _____

_____

Signature of Joint Owner(s)

Title (select one, if applicable): ☐ Power of Attorney ☐ Other: _____

_____

Spouse*

_____

All Irrevocable Beneficiaries

FRAUD NOTIFICATIONS
The Fraud Warning Notification below is required if you are a resident of, or if the contract was issued in, one of the following states:
Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas, Louisiana, Rhode Island & West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Florida: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
Indiana: A person who knowingly, and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky: Any person who knowingly, and with intent to defraud an insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Maine, Tennessee, Virginia & Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.
Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. §638:20.
New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon & Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.