

Policy Number (One policy only) _____ **Insured Name:** _____

THE UNDERSIGNED POLICY OWNER HEREBY REVOKES ANY PREVIOUS BENEFICIARY DESIGNATION AND ANY OPTIONAL MODE OF SETTLEMENT WITH RESPECT TO ANY DEATH BENEFIT PROCEEDS PAYABLE AT THE DEATH OF THE INSURED. ANY SUCH PROCEEDS SHALL BE PAID IN ONE SUM AS FOLLOWS:

(Check and complete only one of the designations number 1-3 listed below)

1. **PRIMARY BENEFICIARY(IES)**—In equal shares to such of; or if other than equal shares, please stipulate the percentage for each beneficiary.

| Full Name | Percentage | Address & Phone Number | Relationship to Insured | Date of Birth |
|-----------|------------|------------------------|-------------------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Who may survive the Insured, and if no such beneficiary survives the Insured, **CONTINGENT BENEFICIARY(IES)**—In equal shares to such of; or if other than equal shares, please stipulate the percentage for each beneficiary.

| Full Name | Percentage | Address & Phone Number | Relationship to Insured | Date of Birth |
|-----------|------------|------------------------|-------------------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

2. **TRUSTEE(S) AS PRIMARY BENEFICIARY:**

_____,
 Name of Trust _____ Name of Trustee(s) _____
 of _____, Trustee(s) or any successor or successors in trust under written agreement dated _____
Address & Phone Number Mo-Day-Yr
 and any amendments thereto, or if the trust is terminated, to the Owner, or the Executors, or Administrators of the Owner.

3. **INSURED'S ESTATE**—The Executors or Administrator of the Insured.

 Name of Executor/Administrator _____ Address & Phone Number _____ Relationship to Insured _____

Signed at _____, this _____ day of _____, 20____ Year
City and State Day Month

| | |
|---|-------------------------------|
| _____ Policy Owner Signature | _____ Policy Owner Address |
| _____ Spouse Signature (Community Property States; see Signature Requirements section) | _____ Spouse Address |
| _____ Assignee Signature (If applicable) | _____ Assignee Address |
| _____ Witness Signature | _____ Witness Address |
| _____ Witness Signature | _____ Witness Address |

FOR HOME OFFICE USE ONLY

The foregoing request has been recorded at the Home Office of Leaders Life Insurance Company, Tulsa, Oklahoma

Date: _____ Registrar: _____ President or Secretary: _____

GENERAL PROVISIONS

The designation of Primary and Contingent Beneficiaries determines the order in which any beneficiary shall become eligible to receive proceeds as a death claim. Unless otherwise provided herein or in a written request filed and recorded at the Company's Home Office.

- 1) Primary Beneficiary – The primary beneficiary(ies) is the person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in equal shares (unless otherwise specified). In the event that a primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiary(ies) in equal shares or all to the sole remaining primary beneficiary.
- 2) Contingent Beneficiary – The contingent beneficiary(ies) is the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) die before the insured. Payment will be made in equal shares (unless otherwise specified). In the event that a contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiary(ies) in equal shares or all to the sole remaining contingent beneficiary.
- 3) All relationships shall be in reference to the insured person named in the heading of this request form. If a beneficiary is other than a person, all referenced herein to life or death shall be construed to refer to the continuance or non-continuance of such entity's existence.
- 4) Payments other than in a single sum shall be in accordance with settlement options contained in the policy.
- 5) The interests of all beneficiaries are subject to any assignment of this policy on record at the Home Office of the Company.

If the policy numbered above is not in force when this agreement is recorded or when a copy is attached to the policy and made a part thereof, such action shall not constitute an admission by the Company that the policy is in force.

WAIVER OF POLICY PROVISIONS

If the policy provides that any change of beneficiary shall become effective only if endorsed upon the policy, the Company may, at its option, but acting through an authorized officer at the Home Office, waive such provision and in such event this change of beneficiary shall become effective when, but only when, recorded by the Company at its Home Office. However, upon being so recorded, such change will take effect as of the date this request was signed, whether or not the insured is living when the change is recorded, subject to any payment made or other action by the Company before such recording.

IT IS UNDERSTOOD THAT IN ENDORSING A BENEFICIARY CHANGE, THE COMPANY ADMITS NO LIABILITY NOT ALREADY EXISTING UNDER THE TERMS OF THE POLICY AT DATE OF ENDORSEMENT.

INSTRUCTIONS FOR CHANGE OF BENEFICIARY AND METHOD OF SETTLEMENT

Use this form when requesting a change in beneficiary or a simple method of settlement of the proceeds payable upon the death of the person whose life is insured under the policy. *Complete a separate form for each policy.* This request, when completed and recorded or endorsed upon the policy, is in substitution of all previous beneficiary designations. *Be sure to rename all previous beneficiaries who are to receive any of the proceeds of the policy.*

List the full given name, percentage of benefit, and address of each person to be named as beneficiary. Example: Nita E. Brown – *not Mrs. Jack Brown.* Indicate the relationship of the proposed beneficiary to the person insured, and the proposed beneficiary's date of birth.

All proceeds including proceeds of Family type policies or Riders and Monthly Income policies shall be paid in a single sum unless otherwise elected. Be sure to indicate the method of settlement desired.

The current policy owner must complete this form in its entirety. Print all information on the form in blue or black ink to ensure it is legible. It is extremely important we record your new policy beneficiary designation(s) correctly.

SIGNATURE REQUIREMENTS

1) THE POLICY OWNER

The insured is usually the policy owner, but ownership may vest wholly or partially in:

- a) ANOTHER PERSON, in which event his or her signature is required.
- b) A CORPORATION, in which event the signature and title of an authorized officer other than the insured is required.
- c) A PARTNERSHIP, in which event all partners must sign. (If the policy has joint ownership, both owners must sign any form submitted.)

2) ABSOLUTE ASSIGNEE

If the policy is absolutely assigned, the signature of the Assignee is required.

3) SPOUSE

If the insured is a resident of one of the community property states and the primary beneficiary is being changed from the spouse, then such spouse must sign along with the insured. If divorced or widowed, please provide a copy of the divorce decree or death certificate. Community property laws are applicable in: AZ, CA, ID, LA, NV, NM, TX, WA, WI and PR.

4) WITNESS

A disinterested person must witness the signatures. Two witnesses are required when a mark or "X" is used as a signature.