

Change of Beneficiary Form

Policy No. (One Policy only): _		Insur	ed Name:			
THE UNDERSIGNED POLICE TO ANY DEATH BENEFIT P IN ONE SUM AS FOLLOWS	ROCEEDS PAYABLE A					
(Check and complete only	one of the designation	ns numbered 1	-3 listed below)			
1. PRIMARY BENEF	ICIARY(IES) - In equal s	hares to such of, or	if other than equal sl	hares, please stipulate the percenta	age for each beneficiary.	
Full Name	Percentage	Address & Phone Number		Relationship to Insured	DOB	
Who may survive the Insured, and equal shares, please stipulate the			NTINGENT BENEFI	CIARY(IES) - In equal shares to s	uch of, or if other than	
Full Name	Percentage	centage Address & Phone		Relationship to Insured	I DOB	
						
2. TRUSTEE(S) AS PF	RIMARY BENEFICIAR	RY				
	e of Trust	Trustee(s) or any	cuccesor or cucces	Name of Trustee(s)	ent dated	
Address & Phon						
, and a	ny amendments thereto, or if	the Trust is terminat	ea, to the Owner, or	the Executors, or Administrators of	tne Owner.	
3. INSURED'S ESTAT	E - The Executors or Admir	nistrator of the Insure	ed.			
Name of Executor/Administrator			Address & Phone Number Relationship to Insured			
Signed at	City & State	, this	day	y of,	Year Year	
Policy Owner Signature			Policy Owner Address			
Spouse Signature (Community Property States, see Signature Requirement Section)			Spouse Address			
Assignee Signature (if applicable)			Assignee Address			
Witness Signature			Witness Address			
Witness Signature			Witness Address			
	E/	OR HOME OFFI	CE LISE ONLY			

LL-408 (Revised 01/2022)
P.O. BOX 35768 💢 TULSA, OKLAHOMA 74153 🤾 (918) 254-0200 💃 Fax (918) 252-1441 💃 (800) 725-5433

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

Registrar: -

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) dies 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.
- 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 number 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 THE DATE OF ENDORSEMENT.

CHANGE OF BENEFICIARY

Complete a separate Change of Beneficiary form for each policy. Use this form when requesting a change in the beneficiary of the proceeds payable upon the death of the person whose life is insured under the policy. When completed and recorded or endorsed upon the policy, this request 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 the benefit, and address of each person to be named a 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.

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 imperative 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 spouse is listed as a beneficiary, the spouse must sign along with the policy owner for any change being made to the named beneficiary - including person designated, percentage allocated, or type of beneficiary. 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.