



REQUEST FOR CHANGE OF BENEFICIARY

The Undersigned hereby request to

Change Beneficiary under Group Policy Number Certificate Number

This change shall be effective as of

CHANGE OF BENEFICIARY

| Full Name of New Beneficiary | % of Proceeds | Relationship | Address |
|------------------------------|---------------|--------------|---------|
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If nothing specified under Percentage of proceeds above, then equal split between / among Beneficiaries. If any Beneficiary listed above dies before me, the interests of such Beneficiary shall, unless otherwise provided above, accrue to the surviving Beneficiaries or Beneficiary - or if none to my estate. I reserve the right to change any Beneficiary named above.

COMPLETE THE FOLLOWING SECTION

Dated at , this day of 2