TEXASLIFE INSURANCE

BENEFICIARY CHANGE INSTRUCTIONS

We ask for detailed information about your beneficiary(ies). This information will help us identify and pay the appropriate beneficiary(ies) at the death of the insured, which may be many years after you make this designation. To ensure we satisfy our claims obligations, we sometimes use social security number(s) and birthday(s) to identify and locate each beneficiary to whom we owe payments. Listed in the boxes below are the key pieces of information we need in each section of the Change of Beneficiary Form.

Please help us ensure we pay your beneficiary(ies) quickly and accurately by providing as much of the requested information as you can. Thank you for your time.

INSTRUCTION PAGE: PLEASE DO NOT WRITE ON THIS PAGE.

Section			MUST RETURN ALL THREE (3) PAGES OF THE
A	• Insured's Name	• Contract Number	BENEFICIARY FORM

Section

- Beneficiary(ies) Name(s)
- В
- Beneficiary(ies) Date(s) of Birth
- Percent of Proceeds payable to each Beneficiary

 $Total\ percent\ must\ equal\ 100\%\ for\ each\ type\ of\ beneficiary.\ The\ primary\ beneficiaries\ must\ total\ 100\%.$

The 1st Contingent Beneficiary(ies) must total 100%. The 2nd Contingent Beneficiary(ies) must total 100%.

- Beneficiary(ies) Social Security Number(s) or Tax ID Number(s)
- Beneficiary(ies) Relationship to Insured
- Beneficiary(ies) Telephone Number
- Beneficiary(ies) Address(es)
- If designating a Trust, provide the Trust name, date and address.

The Trust document will need to be provided in its entirety with this completed form.

• If designating an estate, enter "Estate of Insured" on designation line

If you should need more space than is provided on our form, please attach additional pages.

Each page must include a contract number, date and the owner signature(s).

Section	Signature requirement	s (vary based on ownership of contract). Examples are:
C	• Individual:	Print and sign your name exactly as it appears on your contract. If your name
		has changed, a Name Change form is required.

• Multiple Owners: All owners must sign.

• Partnership: <u>All</u> partners must sign (unless we have a form, signed by all partners,

authorizing one partner to sign.)

• Corporation: An officer, other than the insured, must sign indicating their position in the

 $corporation. \ Please \ provide \ a \ Corporate \ Resolution \ granting \ signature \ authority.$

• Trust: The current trustee(s) must sign. (A Certification of Trust form is also required.)

• Important Note: The owner of the contract(s) must sign the form and their signatures must be witnessed.

TEXASLIFE INSURANCE COMPANY

CHANGE OF BENEFICIARY FORM

Section A.	Contract Information				
Insured's Nan	ne			Contract	Number
Section B.	Beneficiary Designation				
be made to th centages for F	e following as beneficiary(ies e beneficiary(ies) that survivo Primary Beneficiary(ies) must ges for 2nd Contingent Benefi	e the insured, successively, equal 100% and percentag	in the followinges for 1st Con	g order, in the percenta	ges indicated. (Per-
 Then 1st C Then 2nd C The estate I reserve the and settlement 	eneficiary(ies) Contingent Beneficiary(ies) (If Contingent Beneficiary(ies) (If of the last surviving beneficiary right to revoke or change any at agreements that apply to the s of this contract must be list	If no primary, or 1st Contin tary unless governed by a c beneficiary designation in the amount payable under t	gent Beneficia ontractual pro the future. I 1	ry living at the death of vision stating otherwise revoke any previous ben	eficiary designations
Percent (%)		, Last), Entity Name or Est		Telephone Num	ber
death benef	it Trust Established p of Beneficiary to Insured	☐ Spouse ☐ Child	☐ Trust	Other	
Street Num	ber Street Name	City		State	Zip Code
• Check One	e (If nothing checked, the des	ignation will be Primary)	☐ Primary	☐ 1st Contingent	2nd Contingent
Percent (%) death benef		, Last), Entity Name or Est Social Security Number Spouse Child		Telephone Num	ber
Street Num	ber Street Name	City		State	Zip Code
• Check One	e (If nothing checked, the des	ignation will be Primary)	☐ Primary	☐ 1st Contingent	☐ 2nd Contingent

[MUST RETURN ALL THREE (3) PAGES OF BENEFICIARY FORM]

Contract Number	

Section B. Ben	eficiary Designation (C	Continued fro	om page 1)			
Beneficiary's Na	me (First, Middle Initial	, Last), Entity	Name or Est	ate		
Percent (%) of death benefit	Date of Birth / Date Trust Established	Social Sec	curity Numbe	er / Tax ID #	Telephone Num	ber
Relationship of l	Beneficiary to Insured	\square Spouse	\square Child	☐ Trust	☐ Other	
Street Number	Street Name		City		State	Zip Code
• Check One (If	nothing checked, the desi	ignation will be	e Primary)	☐ Primary	☐ 1st Contingent	2nd Contingent
Beneficiary's Na	me (First, Middle Initial	, Last), Entity	Name or Est	ate		
Percent (%) of death benefit	Date of Birth / Date Trust Established	Social Sec	curity Numbe	er / Tax ID #	Telephone Num	ber
Relationship of l	Beneficiary to Insured	\square Spouse	\square Child	\square Trust	Other	
Street Number	Street Name		City		State	Zip Code
• Check One (If	nothing checked, the desi	ignation will be	e Primary)	☐ Primary	☐ 1st Contingent	2nd Contingent
Beneficiary's Na	me (First, Middle Initial	, Last), Entity	Name or Est	ate		
Percent (%) of death benefit	Date of Birth / Date Trust Established	Social Sec	curity Numbe	er / Tax ID #	Telephone Num	ber
Relationship of l	Beneficiary to Insured	\square Spouse	\square Child	\square Trust	Other	
Street Number	Street Name		City		State	Zip Code
• Check One (If	nothing checked, the desi	ignation will be	e Primary)	☐ Primary	☐ 1st Contingent	☐ 2nd Contingent

[MUST RETURN ALL THREE (3) PAGES OF BENEFICIARY FORM]

Page 2 of 3 pages

Change	of	Beneficiary	Form
--------	----	-------------	------

Contract Number	

Section C. Signatures and Date

This beneficiary change is effective only when it is received and recorded by the company at its home office and is effective as of the date signed by the owner. The company shall not be liable for payment to the beneficiary(ies) listed in Section B if the claim obligation was satisfied prior to the recording of this form. The company may use proof by affidavit or other evidence deemed satisfactory to determine the persons comprising a class of beneficiaries. Any payment made by the company relying on such proof, to the extent of such payment, shall be a valid discharge of the company's obligation under the contract. If a Testamentary Trust is named as beneficiary and the Will naming the trust is not probated within 180 days from the date of the Insured's death, the proceeds shall be paid as if a beneficiary did not survive the Insured. I make this change as allowed in my contract, subject to the terms and conditions therein, as well as any assignment. I expressly reserve the right to change the beneficiary in the future any time I may elect.

For the purpose of this form a facsimile copy of my signature shall be as valid as an original.

The company is authorized to make any clarifying additions or amendments to this Change of Beneficiary.

BELOW IS TO BE COMPLETED BY CURRENT OWNER (S)

Owner Signature	Print Name (First / Middle / Las	t) Date(MM/DD/YY)
Signed at City	State	
Witness Signature	Print Name (First / Middle / Las	t) Date(MM/DD/YY)
Owner Signature	Print Name (First / Middle / Las	t) Date(MM/DD/YY)
Signed at City	State	
Witness Signature	Print Name (First / Middle / Las	t) Date(MM/DD/YY)

This form must have a witness signature for each owner's signature. The witness cannot be a beneficiary.

[MUST RETURN ALL THREE (3) PAGES OF BENEFICIARY FORM]

Page 3 of 3 pages