

LIBERTY NATIONAL LIFE

B/A/C _____

I request the following changes be made in my policy:

_____ POLICY NUMBER _____ INSURED _____

I. INSURED'S CHANGE OF NAME

From: _____ To: _____
 (Please Print) (Please Print)

II. TRANSFER OF OWNERSHIP / OR OWNER'S CHANGE OF NAME

As the owner of this policy on the date of this request, I hereby transfer all benefits, rights and privileges of ownership of this policy to:

 New Owner (Please Print Full Name) Contingent Owner (Please Print Full Name)

 Mailing Address Mailing Address

 City, State, ZIP City, State, ZIP
 ()

 Phone Number
 - -

 Social Security Number

III. BENEFICIARY DESIGNATION

A. Beneficiary Name Relationship % * Check One Policy Number
 Primary Contingent

Beneficiary Name	Relationship	% *	Primary	Contingent	Policy Number

* Must total 100%

B. Unless otherwise specified, the proceeds of the policy will be paid in equal shares to the living beneficiaries. If all of the beneficiaries are deceased, then the proceeds will be payable to the estate of the insured.

IV. SIGN HERE FOR ABOVE REQUESTS:

I understand and agree that the Company reserves the right during the first year the policy is in force to restrict beneficiaries to designations acceptable to the Company.

 Non-Related Witness Signature of Present Owner

 Date of Request Present Owner (Please Print)

- FOR HOME OFFICE USE ONLY -
 LIBERTY NATIONAL LIFE INSURANCE COMPANY acknowledges receipt of the request and has retained a copy of the request.
 Dated at McKinney, Texas: _____
 By: _____
 Authorized Signature

 Mailing Address

 City, State, Zip
 ()

 Phone Number
 (If this is a change of address, please indicate it here:)