INDIVIDUAL ASSURANCE COMPANY
Administrative Office: 2400 West 75th Street, Prairie Village, Kansas 66208-3509 1-800-821-5434

Change of Beneficiary Form

Policy Number	Name	Date of Birth	Owner (if other than insured)

I revoke all prior beneficiary designations and settlement option elections. I designate the following as beneficiaries under this policy:

Primary:

Name (print in full)	Relationship	Date of Birth	%

Contingent:

Name (print in full)	Relationship	Date of Birth	%

The right to change the beneficiary is reserved to the owner, unless otherwise indicated.

Include as ☐ First ☐ Contingent beneficiary all future children born of insured's present marriage.

It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any first beneficiaries who survive the insured, but if none survives, proceeds will be paid in equal shares to any contingent beneficiaries who survive the insured.

I direct that nay amendment of the policy requested above take effect on the date this request is signed, but without any liability to the Company of account of payment made or action taken by it before this request was acknowledged by the Company. I agree that the Company may waive any policy provision requiring presentation of the policy for endorsement, but may require such presentation if desired.

_____ _____
Signature of Owner Date

The undersigned agrees to the above requests and changes.

_____ _____ _____
Signature of Assignee (if any) Signature of Owner's Spouse (if resident of community property state) Signature of Irrevocable Beneficiary (if any)

FOR HOME OFFICE USE ONLY
ACKNOWLEDGMENT OF REQUEST FOR CHANGE - PLEASE ATTACH TO POLICY
Individual Assurance Company has recorded the change requested and retained the original request.

Dated at Prairie Village, Kansas _____ by _____
Company Officer