

By this election, I hereby revoke all other and former designations made by me. I make this election subject to all of the conditions and provision of said policy as well as any existing assignment and unless otherwise provided by me in this application for change of beneficiary. I expressly reserve the full and absolute right to make other and further changes at anytime I may elect.

Signed this _____ day of _____, 20 _____

Policyowner

Social Security No.

Witness

Spouse (required in community property state)

Social Security No.

Witness

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that a community property interest does not exist, and the Company assumes no responsibility for further inquiry regarding the status of such interest. The insured and/or policyowner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

Policies issued in Oregon may not be canceled, modified, terminated or allowed to lapse after a petition for marital annulment, separation or dissolution is filed and upon service of summons and petition, until a final decree or judgment is issued, the petition is dismissed or until further order of the court.