

Name _____ Policy Number(s) _____

INSTRUCTIONS (Please complete in full)

- The Owner(s) must sign below and also sign and date any list if additional space is needed.
- Designations are revocable, unless stated as irrevocable. All irrevocable beneficiaries must sign this form.
Revocable designations can be changed. Irrevocable designations can only be changed when signed by all irrevocable beneficiaries.
- When naming an existing trust as beneficiary, please provide the name, date and Tax ID number of the trust.
- When naming a testamentary trust to be set up under a will, please provide the proposed trust's name and date of will.
- You must indicate if beneficiary is to be per stirpes or per capita (if not designated, it will be per stirpes).
Per Stirpes: if a named beneficiary is deceased, proceeds will be paid to their surviving children.
Per Capita: if a named beneficiary is deceased, proceeds will be divided equally between the other named surviving beneficiaries of that class.

Designation is (Mark One) Per Stirpes Per Capita *Revocable, unless stated as irrevocable.*

Primary Beneficiary for the person named above:

1. Name _____ Date of Birth _____ SS# _____
Address _____ Relationship _____

2. Name _____ Date of Birth _____ SS# _____
Address _____ Relationship _____

Contingent Beneficiary for the person named above: (paid to if survives primary beneficiary)

1. Name _____ Date of Birth _____ SS# _____
Address _____ Relationship _____

2. Name _____ Date of Birth _____ SS# _____
Address _____ Relationship _____

Settlement Option Beneficiary Restriction

I direct that the total death benefit payable to _____ (beneficiary name)

be applied as a settlement option and they are to receive an annuity income based on:

(check one) Life Settlement Option with Period Certain monthly over _____ number of years, OR Period Certain monthly over _____ number of years.

SPOUSE SIGNATURE REQUIRED Community Property States: Arizona, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, and California. If you reside in one of the above states, your spouse's signature is required.

If your spouse is not a joint owner and does not sign below, we will assume that no marital or community property interest exists in this policy and accept no responsibility for inquiring further whether it does.

The Following Should Sign This Request:

Owner

All Collateral Assignees or Irrevocable Beneficiaries

Joint Owner(s)

Spouse

Date _____, 20 _____

United Life Insurance Company has completed the changes herein requested.

Acknowledged _____ Date _____, 20 _____

*(Use **ONLY** to specify additional beneficiary changes from page 1)*

Name (first, last) _____ Policy Number(s) _____

Full name of the person specifying these beneficiaries.

Additional Primary Beneficiaries	Additional Contingent Beneficiaries
Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____	Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____
Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____	Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____
Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____	Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____
Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____	Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____
Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____	Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____

The Following Should Sign This Request:

Owner _____ All Collateral Assignees or Irrevocable Beneficiaries _____

Joint Owner(s) _____ Spouse _____

Date _____, 20____

United Life Insurance Company has completed the changes herein requested.

Acknowledged _____ Date _____, 20____

PO Box 729, Cedar Rapids, IA 52406-0729 • 800-637-6318 • FAX 888-726-9736 • UnitedLife.com • life@unitedlife.com

OVERNIGHT: 200 1st St SE, Ste 1300 • Cedar Rapids, IA 52401

FRAUD NOTIFICATIONS

The Fraud Warning Notification below is required if you are a resident of, or if the contract was issued in, one of the following states:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island & West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly, and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly, and with intent to defraud an insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia & Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. §638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon & Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.