

Life Investors Insurance Company of America
 Monumental Life Insurance Company
 Peoples Benefit Life Insurance Company
 Transamerica Life Insurance Company
 4333 Edgewood Road N.E., Cedar Rapids, IA 52499-0001

Beneficiary Change Request

Western Reserve Life Assurance Co. of Ohio
 Administrative Office located at:
 4333 Edgewood Road N.E., Cedar Rapids, IA 52499-0001

Policy/certificate number(s) _____ Insured _____

Owner _____ Phone Number _____

Fill out all required information in Sections 1 and 2. Owner(s) must sign and date form in space provided below.

1. Change Primary Beneficiary:

I revoke all prior beneficiary designations and request the proceeds of the policy/certificate upon death be paid to:

Primary Beneficiary's Name (Please Print) _____ SS# _____

Relationship to the insured _____ Date of birth ____/____/____

Primary Beneficiary's Name (Please Print) _____ SS# _____

Relationship to the insured _____ Date of birth ____/____/____

2. Change Contingent Beneficiary:

I revoke all prior contingent beneficiary designations and request that if the primary beneficiary is not living at the time of the insured's death, the proceeds of the policy/certificate upon death be paid to:

Contingent Beneficiary's Name (Please Print) _____ SS# _____

Relationship to the insured _____ Date of birth ____/____/____

Contingent Beneficiary's Name (Please Print) _____ SS# _____

Relationship to the insured _____ Date of birth ____/____/____

3. Additional changes or special instructions:

Make the above changes effective: ____/____/____
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If you live, or have lived in a community property state, and were married at any time during which this policy/certificate was in force, your spouse's signature is required to complete your request. If these laws do not apply to you, we require only the owner's signature.

Insured _____
Signature Date Signed Social Security Number Date of Birth

Owner _____
Signature Date Signed Social Security Number Date of Birth

Other _____
Signature Date Signed Social Security Number Date of Birth

____ Owner ____ Co-owner ____ Assignee ____ Spouse ____ Trustee

Witness Signature (required only in **Massachusetts**): _____

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BENEFICIARY DESIGNATION INSTRUCTIONS

Please complete the enclosed Customer Service Change Form so that it accurately describes your request for a change of beneficiary and return it in the envelope provided.

When completing this form, be sure to indicate your policy/certificate number, full legal name, social security number and date of birth. Please sign and date the completed form.

We suggest you use one of the sample beneficiary designation wordings shown below whenever possible. If no sample designation applies to your situation, you should state as clearly as possible on the enclosed form what your beneficiary designation should be and return it to us.

When more than one individual is listed as beneficiary on a policy you need to designate how the proceeds are to be divided. This designation may be listed as "equally" or "to the survivor" or by percentage totaling 100%. Please verify your beneficiary designation and return the signed form promptly using the enclosed envelope.

If you are naming a minor as a beneficiary, it is not possible to pay the proceeds from your policy directly to the minor. Instead, formal guardianship of the minor may have to be established and the proceeds may have to be paid to the guardian of the minor or the minor's estate.

These beneficiary designations are only suggestions. To determine the legal sufficiency of these designations in your state, you may want to consult with your attorney.

If you live or have lived in a community property state and were married at any time during which this contract was in force, your spouse's signature is required to complete your request. If these laws do not apply to you, we require only the owner's signature.

TYPE OF DESIGNATION WITH SUGGESTED WORDING

- 1. PRIMARY ONLY**
Mary J. Doe, Wife.
- 2. TWO PRIMARIES**
Mary J. Doe, Wife and John P. Doe, Son, equally or to the survivor.
- 3. THREE OR MORE PRIMARIES**
John P. Doe and Joseph B. Doe, Sons, and Alice J. Doe and Jane A. Doe, Daughters and Betty R. Smith, Granddaughter, equally or to the survivor(s).
- 4. ONE CONTINGENT**
Mary J. Doe, Wife, if living; otherwise to John P. Doe, Son.
- 5. TWO CONTINGENTS**
Mary J. Doe, Wife, if living; otherwise to John P. Doe, Son and Betty X. Doe, Daughter, equally or to the survivor(s).
- 6. THREE OR MORE CONTINGENTS**
Mary J. Doe, Wife, if living; otherwise to John P. Doe and Henry S. Doe, Sons, and Betty X. Doe and Jane A. Doe, Daughters, equally or to the survivor(s).
- 7. CHILDREN AS CONTINGENTS**
All children born of the insured and Mary J. Doe.
John P. Doe, Stepson, and all other children born of the insured and Mary J. Doe.
- 8. TRUST AS BENEFICIARY**
We will need the complete name of the trust and the trust agreement date. Complete box #3 – Additional changes or special instructions on the form with the trust agreement date.