

Please check the box next to your insurance company's name.

- Central United Life Investors Consolidated Sun America Gold Cross UniLife Manhattan Life

LIFE BENEFICIARY CHANGE FORM

Policy Number(s)	Insured/Annuitant	Owner (if other than Insured or Annuitant)
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Unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the insured, but if none survives, proceeds will be paid in equal shares to any contingent beneficiaries who survive the insured. If no beneficiary survives the insured, proceeds will be paid in one sum to the Estate of the insured.

The changes requested shall supercede all prior designations. Dollar amounts will not be accepted.

See Page 2 for Trust Designations

_ Primary		
Name & Address		
Social Security Number/Tax ID #	Date of Birth	Relationship to Insured

_ Primary		_ Contingent
Name & Address		
Social Security Number/Tax ID #	Address	

_ Primary		_ Contingent
Name & Address		
Social Security Number/Tax ID #	Address	

_ Primary		_ Contingent
Name & Address		
Social Security Number/Tax ID #	Address	

