

OLD AMERICAN INSURANCE COMPANY

CHANGE OF BENEFICIARY

TO BECOME A PART OF THE POLICY FILE WHEN RECORDED BY THE COMPANY AT ITS HOME OFFICE. **PLEASE TYPE OR PRINT IN DARK INK. PLEASE PROVIDE THE NAMES, RELATIONSHIPS, ADDRESSES, PHONE AND SOCIAL SECURITY NUMBERS FOR ALL BENEFICIARIES. PLEASE COMPLETE A SEPARATE FORM FOR EACH INSURED.**

Policyowner:

Insured:

Policy Number:

PLEASE NOTE: ALL PRIMARY AND CONTINGENT BENEFICIARIES WILL BE PAID EQUALLY TO THE SURVIVORS OR SURVIVOR, UNLESS OTHERWISE REQUESTED BELOW. Refer to the enclosed for examples.

PRIMARY:(Name(s), Relationship(s) to the insured, Addresses, Phone and Social Security Numbers for all beneficiaries.)

CONTINGENT:(Name(s), Relationship(s) to the insured, Addresses, Phone and Social Security Numbers for all beneficiaries.)

Please **date, sign** and **return** this form immediately to the Old American Insurance Company/Box 210617, Kansas City, Mo. 64121-0617. This beneficiary designation will revoke all previous beneficiary designations.

Date **Signature of Owner** **Owner's Social Security Number** **(Area Code) Phone Number**

Street Address/PO Box **City** **State** **Zip Code**

For Massachusetts only, signature of witness other than a beneficiary

NOTE: Community Property States are subject to the interest or right, if any, of any other person under Community Property Law.

===== **BELOW THIS LINE FOR HOME OFFICE USE ONLY** =====

The above Change of Beneficiary is recorded as part of the policy file this _____ day of _____, _____
A letter of notification will be sent to the policyowner at the address of record upon completion of the change.

AUTHORIZED OLD AMERICAN REPRESENTATIVE _____

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EXAMPLES OF BENEFICIARY DESIGNATIONS

NOTE: Beneficiary's relationship to insured, address, and social security number are required in some states. Please provide this information for all beneficiaries listed.

1. One Beneficiary & Two or More Contingent

Beneficiaries:

Primary---Mary Jones Doe, wife.

Contingent--Richard R. Doe, and Sarah J. Doe, children.

2. Spouse Beneficiary & Named & Unnamed Children

Contingent Beneficiaries:

a. Primary---Mary Jones Doe, wife.

Contingent--Richard R. Doe, Sarah J. Doe, and Sally A. Doe, children and any other children born of the marriage of the Insured and his wife.

b. Primary---Mary Jones Doe, wife.

Contingent--Any children born of the marriage of the Insured and said wife.

3. One Beneficiary & One Contingent Beneficiary:

Primary---Mary Jones Doe, wife.

Contingent--Richard R. Doe, son.

4. Two Beneficiaries:

Primary---James A. Doe, father, and Betty L. Doe, mother.

5. Two Beneficiaries & One Contingent Beneficiary:

Primary---James A. Doe, father, and Betty L. Doe, mother.

Contingent--Jane A. Doe, daughter.

6. One Beneficiary & Three or More Contingent Beneficiaries, minor's share, if any, payable to trustee:

Primary---Elizabeth J. Doe, wife.

Contingent--Jane A. Doe, Susan B. Doe and Larry D. Doe, children.

7. Three or More Beneficiaries:

Primary---James A. Doe, brother, Tina M. Doe, mother and Henry H. Doe, father.

8. Funeral Home Beneficiary:

Wagnor-Jones Funeral Home, 100 House Street, Anywhere, US., 00000, as its interest may appear, balance to Mary J. Doe, wife of Insured.

NOTE: The laws of some states do not permit naming a funeral home as beneficiary of a life insurance policy.

9. To Insured's Estate:

Primary---Estate of the Insured.

10. Per Stirpes:

Primary---Mary J. Doe, wife.

Contingent--Jane A. Doe, Sue L. Doe, and Larry D. Doe, children, equally, per stirpes.

NOTE: "Per stirpes" means that if Jane A. Doe predeceases the insured, her share of the Death Benefit will go to her children.

11. Joint Life Policies & Contingent Beneficiaries:

The survivor of John E. Doe and Mary J. Doe, the Insureds; provided, in the event of their simultaneous death, or death of the survivor of them before payment of the proceeds of the policy as death claim shall have made, such proceeds shall then be payable to Sara J. Doe, Mary A. Doe and Richard R. Doe, children of the Insureds.

12. Creditor Beneficiary:

Primary---Samuel S. Jones, 352 Burke St., Kansas City, MO., 64141, Creditor, as his interest may appear, the balance, if any, to Mary J. Doe, wife.

NOTE: A creditor beneficiary during the lifetime of the Insured may not exercise rights of ownership other than to act jointly with the Insured in event of a policy loan, surrender, or other policy transaction.

13. Corporate Beneficiary:

Smith Manufacturing Company, a corporation at 31520 Broad St., Kansas City, MO., 64141, Employer-Business.

NOTE: Naming a corporation as a beneficiary does not constitute a transfer of ownership. If the corporate beneficiary is to be recognized as owner, there should be an assignment to the corporation or a control of policy provision defining the rights of the corporation.

14. Trustee Beneficiary:

Primary ----John E. Doe, of 3520 Broadway, Kansas City, MO., 64141, as Trustee, or his successor in Trust, under the (Name) Trust dated _____.

COMPLETE FORM AND RETURN IMMEDIATELY TO:

OLD AMERICAN INSURANCE COMPANY
3520 BROADWAY/BOX 210617
KANSAS CITY, MO. 64121-0617
PHONE (800) 733-6242