



Federal Life Insurance Company

3750 West Deerfield Road • Riverwoods, Illinois 60015
(847) 850-3403 • (800) 233-3750 • www.federallife.com

BENEFICIARY CHANGE FORM

Contract No.(s) _____ Insured's Name _____ Owner's Name (If different than the Insured) _____

Contract Owner's Phone Number _____ Contract Owner's Email Address _____

Beneficiary: Enter full names, Social Security numbers, and relationships to proposed insured. The total percent must equal 100% for each type of beneficiary, unless shared equally.

Primary:	Print Full Name	Share Equally	Allocation	Social Security Number	Relationship	Date of Birth
_____	_____	<input type="checkbox"/>	or _____%	_____	_____	_____
_____	_____	<input type="checkbox"/>	or _____%	_____	_____	_____
_____	_____	<input type="checkbox"/>	or _____%	_____	_____	_____
_____	_____	<input type="checkbox"/>	or _____%	_____	_____	_____
_____	_____	<input type="checkbox"/>	or _____%	_____	_____	_____

Contingent:	Print Full Name	Share Equally	Allocation	Social Security Number	Relationship	Date of Birth
_____	_____	<input type="checkbox"/>	or _____%	_____	_____	_____
_____	_____	<input type="checkbox"/>	or _____%	_____	_____	_____
_____	_____	<input type="checkbox"/>	or _____%	_____	_____	_____
_____	_____	<input type="checkbox"/>	or _____%	_____	_____	_____

PAYMENT OF SHARE OF DECEASED BENEFICIARY

If a primary, and/or contingent beneficiary is designated above and any such beneficiary predeceases the Insured, then the deceased beneficiary's share shall be paid in a single sum, in equal shares, to the surviving children, if any, of the deceased beneficiary, otherwise such share shall be paid as herein provided.

COMMON DISASTER PROVISION

It is understood and agreed that any payment of death proceeds shall be made in accordance with this form and the terms of the contract(s), except that no payment shall be made to any beneficiary until the expiration of thirty days following the date of death of the Insured (noon, standard time, of such thirtieth day at the place of residence of the Insured) and if any beneficiary does not survive such period, payment shall be made, as provided in this form, as though such beneficiary had predeceased the Insured.

1. REVOCATION All prior designations of beneficiary and elections of mode of payment hereby are revoked, such revocation to be effective concurrently with the effective date of this instrument as provided herein.

2. DEATH PROCEEDS "Death proceeds" as used herein means all sums payable under the contract(s) including any dividends, premiums refundable, if any, and accidental death benefits (if payable), and any other benefit payable under the contract or any supplement attached thereto by reason of the death of the Insured.

3. BENEFICIARY "Beneficiary" as used herein includes the plural as well as the singular. "Child or children" shall not include issue of such child or children but shall include any legally adopted children.

4. SUCCESSION IN INTEREST Unless otherwise provided by the designations made in this form, the death proceeds shall be payable as follows (death proceeds as used herein means death proceeds as defined in paragraph 2 above);

- 1) In equal shares to such primary beneficiaries as survive the Insured;
- 2) The share of any such primary beneficiary who dies before the Insured shall be paid in equal shares to those primary beneficiaries who survive the Insured.

3) If no primary beneficiary survives the Insured, then the proceeds shall be paid in equal shares to those contingent beneficiaries as survive the Insured.

4) The share of any such contingent beneficiary who dies before the Insured, shall be paid in equal shares to those contingent beneficiaries who survive the Insured.

5) If all primary and all contingent beneficiaries die before the Insured, then proceeds or the balance thereof as the case may be, shall be paid to the final beneficiary.

5. TRUSTEES The Company shall be charged with no duty with respect to any trust agreement affecting the contract, nor with any knowledge of the terms thereof. If a trustee is designated herein to receive any payment due under the contract, that trustee's receipt shall be a complete discharge of any liability of the Company with respect to and to the extent of such payments. If a trustee be designated as a beneficiary and no trust agreement shall be in force as of the date of death of the Insured, or if for any reason no trustee qualifies within one year after the date of death of Insured, payment of the proceeds payable hereunder shall be made in one sum in accordance with those provisions of the contract which would govern payment of the death proceeds in the event that the beneficiary or beneficiaries named in the contract predeceased the Insured.

Signature of Owner _____ Date _____ City & State Signed in _____

Signature of Spouse of Owner _____
Spouse's signature required in the following states: AZ, CA, ID, LA, NV, NM, TX, WA, WI

For Home Office Use Only ACKNOWLEDGMENT BY THE COMPANY

The Company acknowledges receipt of the foregoing instrument and agrees to the request or requests of the Contract Owner.

Date _____ By: _____ Secretary