

CHANGE OF BENEFICIARY



INSURED'S LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER
POLICYHOLDER/EMPLOYER			POLICY NUMBER

I hereby revoke all previous beneficiary designations made by me under the above numbered policy or policies and at this time designate the following beneficiaries:

NAME OF BENEFICIARY	RELATIONSHIP (See below for completion instructions)

This change shall apply to all Life and Accidental Death and Dismemberment Insurance in force now and in the future under the above numbered policy or policies. I still reserve to myself the privilege of other and future changes subject to the provisions of the policy or policies.

SIGNATURE OF THE INSURED	DATE
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This card should be given to your Policyholder/Employer and be retained with the Original Enrollment Card.

SUGGESTED BENEFICIARY DESIGNATIONS

If one individual is to be named, use full name — for example, Mary Jane Smith, not Mrs. John H. Smith. If you, as the insured, are a married woman, sign your marital name.

If two individuals are to be named, designate as follows: *Mary Jane Smith, wife, and Dorothy Smith, daughter, or the survivors, in equal shares, or the survivor.*

If three individuals are to be named, designate as follows: *Mary Jane Smith, wife, and Dorothy Smith, daughter, and James Smith, son, or the survivors, in equal shares, or the survivor.*

If all children of a marriage are to be named secondary beneficiaries, designate them collectively as follows: *Mary Jane Smith, wife, if living, otherwise the then surviving children, if any, born of insured's marriage with said wife, in equal shares.* (This designation will include children born later without the necessity of changing the designation.)

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