



Workplace Division

AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6688
(904) 992-1776

CHANGE OF BENEFICIARY REQUEST

To be attached to Policy No. _____ on the life of _____.

The American Heritage Life Insurance Company (hereinafter called the Company) is hereby requested to revoke all prior beneficiary designations and optional methods of settlement, if any, and change the beneficiary of said policy as follows (see instructions and examples of beneficiary designations on reverse side):

Primary: _____ Relationship: _____

First Contingent: _____ Relationship: _____

Second Contingent: _____ Relationship: _____

Unless otherwise provided herein, the proceeds shall be paid in a lump sum to the Primary Beneficiary, if living; otherwise to the First Contingent Beneficiary, if living; otherwise to the Second Contingent Beneficiary, if living; otherwise as provided in the policy.

If this Request shall make any provision for children of any person as a class, the phrase shall include only lawful children of that person, including any legally adopted child, except as the term "child" or "children" shall be otherwise specifically defined in the Request.

The Company, in determining the persons comprising any class designated as beneficiary hereunder, or any facts relating to any person or beneficiary mentioned herein either as a class or otherwise, may rely solely upon proof by affidavit or other payment, be a valid discharge of the Company's obligation under this policy.

I hereby request that any provisions of said policy requiring that it be submitted to the Company for endorsement of change of beneficiary thereon be waived.

This change of beneficiary shall be valid only when recorded by the Company at its Home Office, but when so recorded shall take effect as of the date signed by the owner, without prejudice to the Company on account of any payment made or other action taken by the Company before such recording.

I make this change in accordance with the provisions of said policy and subject to the above conditions as well as any existing assignment; and, unless otherwise provided by me in this Request, I expressly reserve the right to again change the beneficiary at any time I may elect.

Dated at _____ this _____ day of 20 _____.

I/We hereby consent to the foregoing

Signature of Owner

Witness

This space for Home Office Use only

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Date Recorded

By Secretary

DO NOT SEND POLICY

To be completed and returned to the Home Office of the Company at
1776 American Heritage Life Drive, Jacksonville, Florida 32224-6688
Forms cannot be accepted which contain corrections or erasures

INSTRUCTIONS

This form must be completed and forwarded to the Company. A copy, bearing date recorded and signed by the Secretary of the Company, will be returned to you. It should be filed with the policy as evidence of the change of beneficiary.

Give first name, middle initial, last name and relationship, if any, of the beneficiary to the Insured. If it is an initial name, please state that it is.

If the beneficiary is a married woman, give her name as "Mary E. Smith" for example, not "Mrs. John A. Smith".

Neither the beneficiary nor any person interested in the policy may sign as witness.

EXAMPLES OF COMMONLY USED BENEFICIARY DESIGNATIONS

- (1) Insured's Estate:
The Executive, Administrators or Assigns of the Insured.
- (2) One Beneficiary:
Mary E. Doe, wife of the Insured.
- (3) Two Primary Beneficiaries:
John A. Doe and Jane M. Doe, parents of the Insured.
- (4) Several Names Children, Primary Beneficiary:
Allen S. Doe, Frank J. Doe and Jo Ann Doe, children of the Insured.
- (5) Unnamed Children of Present Marriage:
The children born of the marriage of the Insured and Mary E. Doe, wife of the Insured.
- (6) Wife, Primary Beneficiary; Unnamed Children, Contingent Beneficiary:
Mary E. Doe, wife of the Insured, if living; otherwise to the children born of the marriage of the Insured and said wife.
- (7) Wife, Primary Beneficiary, Named Children and Unnamed Children, Contingent Beneficiary:
Mary E. Doe, wife of the Insured, if living; otherwise to Allen S. Doe, Jo Ann Doe, children of the Insured and any other children born of the marriage of the Insured and said wife.
- (8) One Primary Beneficiary and one Contingent Beneficiary:
Mary E. Doe, wife of the Insured, if living; otherwise to Frank J. Doe, son of the Insured.
- (9) One Primary Beneficiary and Two or more Contingent Beneficiaries:
Mary E. Doe, wife of the Insured, if living; otherwise to Allen S. Doe and Jo Ann Doe, children of the Insured.
- (10) One Primary, One First Contingent and One Second Contingent Beneficiary:
Mary E. Doe, wife of the Insured, if living; otherwise to Frank J. Doe, son of the Insured, or if both said wife and son shall die before the Insured, to Jane M. Doe, mother of the Insured.
- (11) Wife, Primary Beneficiary, Named Children, Contingent Beneficiary, with children of deceased children to share:
Mary E. Doe, wife of the Insured, if living; otherwise to Allen S. Doe and Jo Anne Doe, children of the Insured, in equal shares or the survivor; provided, however, should any said children of the Insured die before the Insured, leaving a child or children, any share which said deceased child of the Insured would have received if living at the time of the Insured's death, shall be paid in equal shares to the then living children of the said deceased child of the Insured.
- (12) Trustee as Beneficiary under a Written Trust Agreement:
Blank National Bank of Dallas, Texas, as Trustee under a trust agreement executed June 1, 1963 by John B. Doe.
- (13) Unequal Distribution: Use Fractions with a Common Denominator:
 - (a) Three-fourths (3/4) of the proceeds to Mary E. Doe, wife of the Insured, if living; and one-fourth (1/4) of the proceeds to Jo Anne Doe, daughter of the Insured, if living; otherwise all to the survivor.
 - (b) Two-fourths (2/4) of the proceeds to Mary E. Doe, wife of the Insured; one-fourth (1/4) of the proceeds to Allen S. Doe, son of the Insured; one-fourth (1/4) of the proceeds to Jo Anne Doe, daughter of the Insured, and in the event of the death of any said beneficiary, such deceased beneficiary's share shall be paid to the survivors in equal shares or to the survivor of them.