



P.O. Box 14410
Des Moines, IA 50306-3410
1-800-733-5454
www.gwic.com

Beneficiary Designation

I request the beneficiary (beneficiaries) of my policy \_\_\_\_\_ now be:

Name of Primary Beneficiary or Trust \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ % \_\_\_\_\_

Name of Trustee \_\_\_\_\_ Date Trust Established \_\_\_\_\_

Name of Primary Beneficiary \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ % \_\_\_\_\_

Name of Contingent Beneficiary or Trust \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ % \_\_\_\_\_

Name of Trustee \_\_\_\_\_ Date Trust Established \_\_\_\_\_

Name of Contingent Beneficiary \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ % \_\_\_\_\_

(If you need more room, list additional beneficiary information on the back of this form.)

By this election, I hereby revoke all other and former designations made by me. I make this election subject to all of the conditions and provisions of said policy as well as any existing assignment and unless otherwise provided by me in this beneficiary designation. I expressly reserve the full and absolute right to make other and further changes at anytime I may elect.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Policyowner Social Security No. Witness

Spouse (required in community property state) Social Security No. Witness

Unless Great Western Insurance Company (the "Company") has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that a community property interest does not exist, and the Company assumes no responsibility for further inquiry regarding the status of such interest. The insured and/or policyowner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

Policies issued in Oregon may not be canceled, modified, terminated or allowed to lapse after a petition for marital annulment, separation or dissolution is filed and upon service of summons and petition, until a final decree or judgment is issued, the petition is dismissed or until further order of the court.