



National Life
Group®

☐ National Life Insurance Company®
☐ Life Insurance Company of the Southwest™

Change of Beneficiary

Policy No.: _____ Name of Annuitant: _____ Date: (mm/dd/yyyy) _____

Owner's Address: ☐ New _____ Phone No.: _____

I. Primary Beneficiary(ies)

1. Name: _____ Relationship: _____ Soc. Sec. No. _____ DOB _____
Address: _____ City _____ State _____ Zip Code _____ % of Proceeds _____

2. Name: _____ Relationship: _____ Soc. Sec. No. _____ DOB _____
Address: _____ City _____ State _____ Zip Code _____ % of Proceeds _____

3. Name: _____ Relationship: _____ Soc. Sec. No. _____ DOB _____
Address: _____ City _____ State _____ Zip Code _____ % of Proceeds _____

II. Contingent Beneficiary(ies)

1. Name: _____ Relationship: _____ Soc. Sec. No. _____ DOB _____
Address: _____ City _____ State _____ Zip Code _____ % of Proceeds _____

2. Name: _____ Relationship: _____ Soc. Sec. No. _____ DOB _____
Address: _____ City _____ State _____ Zip Code _____ % of Proceeds _____

3. Name: _____ Relationship: _____ Soc. Sec. No. _____ DOB _____
Address: _____ City _____ State _____ Zip Code _____ % of Proceeds _____

The Life Insurance Company of the Southwest/National Life Insurance Company (hereinafter called the Company) is hereby requested to revoke all prior beneficiary designations and previously selected settlement options.

Unless otherwise provided herein, the proceeds will be paid in a lump sum to the Primary Beneficiary, if living, otherwise to the contingent Beneficiary, if living, otherwise provided in the policy. If there is more than one beneficiary designated either by name or class of the same rank (Primary or Contingent) payment will be made in equal shares to all beneficiaries of such rank who survive the insured, unless otherwise provided herein. All references to "Beneficiary" herein shall apply to beneficiaries of the same rank when there are more than one.

If this request will 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 this 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 evidence deemed satisfactory to it and any payment made by the Company in reliance thereon shall, to the extent of such payment, be a valid discharge of the Company's obligation under the policy.

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

To make this Beneficiary designation irrevocable, please check here. ☐ **Note:** An irrevocable Beneficiary designation cannot be changed without the written consent of the irrevocable Beneficiary.

I agree that any change requested shall be subject to the provisions of the policy and approval by the Company. It is also agreed that any additional information required by the Company to effect the requested changes will be supplied upon request. Following completion of all requirements, the requested changes made by the application constitute a supplement to the original application for the policy and shall form a part of the policy. The Company is hereby authorized to amend this request to correct obvious errors or omissions.

Dated at _____ this _____ day of _____, 20 _____.

Owner's Signature: _____

Spouse's Signature*: _____

* Your spouse's signature is required on any 403(b) policy covered by ERISA; and on all requests in the following states: AZ, CA, ID, LA, NM, NV, TX, WA, WI. If you have a change in marital status, you must provide a certified copy of the legal document (i.e. name change, divorce decree, death certificate).

DO NOT SEND POLICY

Forms cannot be accepted which contain corrections or erasures.

This Space for Home Office Use Only

Date Recorded _____ By _____

5026(0611)
Cat. No. 100170

National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.

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Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604-5555

General Information About Completing This Form

A recorded copy will be returned to be filed with the policy as evidence of the change of beneficiary.

The name, address, date of birth and relationship of each Beneficiary to the person insured under this Policy must be stated. If a beneficiary is named by class, the name of each current beneficiary in the class must be given.

Give the 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 a Beneficiary is a married woman, please give her name as in the following example: "Mary E. Smith," and not "Mrs. John A. Smith."

If a Trust will be named as a beneficiary, we will need the full name and date of the Trust. We will also require a copy of the Trust or the Trust Certification form completed.

No Beneficiary or any person with an interest in this Policy may sign as a witness.

Examples of Commonly Used Beneficiary Designations

(1) *Insured's estate:*

Estate of John Doe, 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 Named 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 as Primary Beneficiary, Unnamed Children as Contingent Beneficiaries:*

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 as Primary Beneficiary, Named and Unnamed Children as Contingent Beneficiaries:*

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 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 die before the Insured, to Jane M. Doe, mother of the Insured

(11) *Wife, Primary Beneficiary; Named children, Contingent Beneficiaries, with children of deceased children to share:*

Mary E. Doe, wife of the Insured, if living, otherwise to Allen S. Doe and Jo Ann Doe, children of the Insured, in equal shares or to the survivor; provided, however, that should any of 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 will be paid in equal shares to then living children of said deceased child of the Insured.

(12) *Trustee as Beneficiary under a Written Trust Agreement:*

The Blank National Bank of Dallas, Texas, as Trustee under Trust Agreement dated _____

(13) *Unequal Distribution: Using 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 Ann 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 and one-fourth (1/4) of the proceeds to Jo Ann Doe, daughter of the Insured, and in the event of death of any said Beneficiary, such deceased Beneficiary's share will be paid to the survivors in equal shares or to the survivor of them.