



Family Liberty Life
- INSURANCE COMPANY -

ELECTION OF CHANGE OF BENEFICIARY

In accordance with the provisions of Bill Code No. _____ including
Policy No.(s) _____ hereby elect to change the beneficiary to:

Owner: _____

Insured: _____

Primary Beneficiary:

Form fields for Primary Beneficiary: Name, Date of Birth, Relationship, Address, City/State, Phone Number, Social Security Number, Email.

Contingent Beneficiary:

Form fields for Contingent Beneficiary: Name, Date of Birth, Relationship, Address, City/State, Phone Number, Social Security Number, Email.

I request that this change be endorsed on the policy. 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 in this application for change of beneficiary, I expressly reserve the full and absolute right to make other and further changes at any time I may elect. Please provide a current contact number and address for the policy holder.

Owner of Policy Printed, Owner of Policy Signature, Social Security Number

Address, City, State, Zip, Phone Number

Email

IN WITNESS THEREOF, signed this ____ day of _____, _____

Witness Signature