



**INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT**

5500 N. Western Avenue, Suite 200, Oklahoma City, Oklahoma 73118 ♦ 1-800-821-5434 ext. 422

Mailing Address: P.O. Box 14998, Oklahoma City, OK 73113-0998

**CHANGE OF BENEFICIARY FORM**

Policy Number	Name	Date of Birth	Owner (if other than insured)
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I revoke all prior beneficiary designations and settlement option elections. I designate the following as beneficiaries under this policy:

**Primary:**

Name (print in full)

Relationship

Date of Birth

%

Equal Shares, or total in "%" column must equal 100.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Contingent:**

Name (print in full)

Relationship

Date of Birth

%

Equal Shares, or total in "%" column must equal 100.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The right to change the beneficiary is reserved to the owner, unless otherwise indicated.

It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the insured, but if none survives, proceeds will be paid in equal shares to any contingent beneficiaries who survive the insured.

I direct that any amendment of the policy requested above take effect on the date this request is signed, but without any liability to the Company on account of payment made or action taken by it before this request was acknowledged by the Company. I agree that the Company may waive any policy provision requiring presentation of the policy for endorsement, but may require such presentation if desired.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

The undersigned agrees to the above requests and changes.

\_\_\_\_\_  
Signature of Owner's Spouse  
(if resident of community property state)

\_\_\_\_\_  
Signature of Assignee (if any)

\_\_\_\_\_  
Signature of Irrevocable Beneficiary (if any)

FOR HOME OFFICE USE ONLY  
ACKNOWLEDGMENT OF REQUEST FOR CHANGE - PLEASE ATTACH TO POLICY  
Individual Assurance Company has recorded the change requested and retained the original request.

Dated at Edmond, Oklahoma \_\_\_\_\_ by \_\_\_\_\_

Company Officer