INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT (herein called the Company)
5500 N. Western Avenue, Suite 200, Oklahoma City, Oklahoma 73118 ♦ 1-800-821-5434

DISTRIBUTION OF PROCEEDS ELECTION FORM
MINOR BENEFICIARY

Name	Date of Birth	Owner (if other than insured)

NAMED MINOR BENEFICIARY(IES)		
Name (print in full)	Relationship	Date of Birth

CONTINGENT		
Name (print in full)	Relationship	Date of Birth

Should I die while any of the beneficiaries named above is a minor, I desire the benefits to be held in an annuity fund with the Company and paid out in a lump sum payment upon the beneficiary's _____ (not less than 18th) birthday.

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)