



LIFE ASSURANCE COMPANY, INC.
 P.O. Box 14998, Oklahoma City, OK 73113-0998
 405-810-1111 • 1-800-522-1314 • Fax 405-810-1122

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:

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

Name (print in full)	Relationship	Date of Birth	%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contingent:

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

Name (print in full)	Relationship	Date of Birth	%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Signature of Assignee (if any)

Signature of Irrevocable Beneficiary (if any)

Date

