

**Appointment of Beneficiary**

This form has been prepared for your convenience by Bill Clarke. Make certain that it will carry out your intentions before signing. Date and sign the form in the spaces indicated and return to the company. A registered copy will be forwarded to you for attachment to your policy. **Please complete in duplicate for each change requested.**

Company Name:

Policy Number:

Life(ves) Insured / Annuitant(s):

Policy Owner(s):

Primary Beneficiary or Beneficiaries: The undersigned hereby revokes any beneficiary designation or direction of payment previously made in respect to the proceeds payable on the death of the Life Insured/Annuitant under the above policy and directs that such proceeds be paid to:

Secondary Beneficiary or Beneficiaries:

Date

Signature of Owner

Signature of irrevocable or preferred beneficiary if applicable

Signature &amp; Title of Assignee if applicable

For the use of the Home Office of the Company below this line: