



**ASSURED LIFE**  
ASSOCIATION

### BENEFICIARY DESIGNATION

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ENGLEWOOD, CO 80155

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WWW.ASSURED.LIFE.ORG

Certificate Number(s): \_\_\_\_\_ Name of Owner: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_

This designation cancels all prior beneficiary designations under each of the above-indicated certificate(s). If the certificate(s) contain(s) a Family Plan Benefit or Children's Benefit, this change applies only to the insurance proceeds payable on the death of the insured. **Social Security Numbers and Date of Birth required for all Beneficiaries.**

|   | Name/Address                       | Relationship to Insured | Date of Birth | Social Security # |
|---|------------------------------------|-------------------------|---------------|-------------------|
| <b>CLASS A</b><br>Primary Beneficiary(s)<br>The Primary Beneficiary is the person designated as the first to receive the proceeds of a life insurance or annuity certificate upon the death of the insured.             | Name:<br>Address<br><br>Phone No.: |                         |               |                   |
| <b>CLASS B</b><br>Contingent Beneficiary(s)<br>The Contingent Beneficiary is the person entitled to receive the proceeds of a life insurance or annuity certificate if the primary beneficiary dies before the insured. | Name:<br>Address<br><br>Phone No.: |                         |               |                   |

Owner SSN \_\_\_\_\_ Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing document was acknowledged, subscribed and sworn to before me on \_\_\_\_\_ in \_\_\_\_\_.  
(date)

WITNESS my hand and official seal.

(SEAL) \_\_\_\_\_ Notary Public

My commission expires \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Original signed copy dated \_\_\_\_\_  
Filed with the Company on \_\_\_\_\_ Registered By: \_\_\_\_\_