

6025 S QUEBEC ST, STE 320 CENTENNIAL, CO 80111

PHONE 303.792.9777 TOLL-FREE 800.777.9777

WWW.ASSUREDLIFE.ORG

Dear Certificate Owner:

Enclosed is the form necessary to complete a change of beneficiary. If you want to change the beneficiary on your certificate please sign and date this form, have it notarized, and return it to our office.

You may attach a list of additional primary or contingent beneficiaries if the space provided is not enough. If you do attach a page with a list of additional beneficiaries, please sign and date this page and have it notarized as well.

If you are listing a Trust as a beneficiary, we must receive a <u>complete</u> copy of the Trust paperwork along with your form.

If you have any questions, please contact our Membership Service Department at 1-800-777-9777 or email us at assuredservice@assuredlife.org.

Fraternally,

Assured Life Association

ASSURED LIFE ASSOCIATION BENEFICIARY DESIGNATION

Certificate Number(s): Name of Owner: Name of Insured:				
This designation cancels applies only to the insura	all prior beneficiary designations under each of the ance proceeds payable on the death of the insured.		ficate(s). T	his change
	Name/Address	Relationship	Date of	Social
GT + GG +		to Insured	Birth	Security #
CLASS A Primary Beneficiary(s) The Primary Beneficiary is the person designated as the first to receive the proceeds of a life	Name: Address			
insurance or annuity certificate				
upon the death of the insured.				
	Phone No.:			
CLASS B Contingent Beneficiary(s)	Name: Address			
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.				
mbaroa.	Phone No.:			
If this transaction is su	bject to community property interest, we strong	ly recommend that Yo	ou obtain y	our spouse's
	his/her consent to this transaction. States that			
•	ried persons include Alaska, Arizona, Californ	· ·		
	nd Wisconsin. You understand and agree that A			
	erest exists if You have not obtained your spouse			
	iation has no duty to inquire further about any suc			
agree to indemnify and	hold Assured Life Association harmless from any	y consequences relating	to commu	nity property
	ction. Please note the term "spouse" includes dor			
civil union, domestic par	tnership or similar law.	•		
Owner's SSN	Signature of Owner(s)		Da	te
Spouse's SSN	Signature of Spouse If you live in a Community F	Property State, your Spouse must	t sign. Dat	te
The foregoing document	was acknowledged, subscribed and sworn to befo	re me on		
in	(city and state)	·		
(date)	(city and state)			
WITNESS my hand and	official seal.			
(SEAL)	Notary Pu	blic		
	My commission expires			
01.	DO NOT WRITE BELOW THIS LIN			
Original signed copy dated: Filed with the Company on:	Registered By:			