



ASSURED LIFE  
ASSOCIATION

PO BOX 3169  
ENGLEWOOD, CO 80155

PHONE 303.792.9777  
TOLL-FREE 800.777.9777  
FAX 866.663.8560

WWW.ASSURED LIFE.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 complete 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](mailto:assuredservice@assuredlife.org).

Fraternally,

Assured Life Association

**ASSURED LIFE ASSOCIATION  
BENEFICIARY DESIGNATION**

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

This designation cancels all prior beneficiary designations under each of the above-indicated certificate(s). 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> Primary Beneficiary(s) 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: Address  Phone No.:			
<b>CLASS B</b> Contingent Beneficiary(s) 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: Address  Phone No.:			

If this transaction is subject to community property interest, we strongly recommend that You obtain your spouse's signature to document his/her consent to this transaction. **States that recognize community property interests in property held by married persons include Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.** You understand and agree that Assured Life Association may presume that no community property interest exists if You have not obtained your spouse's signature. Further, you understand and agree that Assured Life Association has no duty to inquire further about any such community property interest. As a result, you agree to indemnify and hold Assured Life Association harmless from any consequences relating to community property interests and this transaction. Please note the term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law.

\_\_\_\_\_  
 Owner's SSN                                      Signature of Owner(s)                                      Date

\_\_\_\_\_  
 Spouse's SSN                                      Signature of Spouse      If you live in a Community Property State, your Spouse must sign.      Date

The foregoing document was acknowledged, subscribed and sworn to before me on

\_\_\_\_\_ in \_\_\_\_\_.  
 (date)                                      (city and state)

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: \_\_\_\_\_