



United Funeral Directors Benefit Life Insurance Company
United Funeral Benefit Life Insurance Company
United Pre-Need Funeral Plans, Inc

BENEFICIARY CHANGE REQUEST AND/OR ENDORSEMENT

If multiple insureds in one policy, please fill out a form for each insured.

Name of insured (First, Middle, Last) _____

As Owner of policy number _____ issued or assumed by the above named Life Insurance Company. I hereby revoke any previous beneficiary designation and any optional mode of settlement with respect to any death proceeds payable at death of the insured. In the event no named beneficiary survives the insured and if this form or the policy does not provide or permit otherwise, the proceeds will be paid to the owner or the administrators or executors of the estate of the owner.

Primary Beneficiary(ies) in equal shares to:

Full Name	Social Security Number	Date of Birth	Relationship to Insured	Address

As shall then be living, but if no such beneficiary(ies) is then living:

Contingent Beneficiary(ies) in equal shares to:

Full Name	Social Security Number	Date of Birth	Relationship to Insured	Address

If the policy contains a provision which requires that a change of beneficiary be endorsed on the policy, I request that the company waive such provision.

X _____
Owner Signature _____ **Date** _____ **Social Security Number** _____

Address _____ **City/State/Zip** _____ **Phone Number** _____

X _____
Witness Signature Other than family member _____ **Date** _____

Address _____ **City/State/Zip** _____ **Phone Number** _____

Please return to: • UFDUBLIC AND/OR UFBLIC • P O Box 831670 • RICHARDSON, TX 75083-1670

Or email to: united@unitedbenefitsinc.com

Form (CHBENE0817)

Conditions and Provisions

This instrument will be effective on the date signed by the policyowner, but the Company will be fully discharged for any payment made prior to receiving the request at the home office. The Company may amend this request to include any provisions which may be necessary to confirm this request to the Company's practices and/or to the terms of the policy. If any beneficiary is a minor, the Company will make payment to the legally-qualified guardian of the minor's estate. The Company will make no payment until a guardian has been appointed and proof furnished to the company. Payment of proceeds to any beneficiary is subject to the interest of any assignee.

The following terms are defined:

- Insured and Policy—If used for an annuity contract, these terms will mean “annuitant” and “contract” respectively.
- Proceeds—Refers to the sums payable by reason of the death of the insured.
- Primary Beneficiary—The person(s) designated to receive the proceeds if they are living at the insured's death.
- Contingent Beneficiary—The person(s) designated to receive the proceeds if the primary beneficiary(ies) does not survive the insured.

Limitations

This form is not to be used to elect an optional mode of settlement or a trustee beneficiary. The policyowner should contact the company for assistance if desiring one of these options.

If the policyowner desires any designation not provided, contact the agent or Company so that the Company can prepare the properly worded designation.

Instructions

Complete a separate form for each policy and return all signed forms to the Company. If a beneficiary is a married woman, her given name and not her husband's name must be used, e.g. “Jane M. Doe,” not “Mrs. John A. Doe.”

Signature Requirements

1. Individual Policyowner—The policyowner should sign the form exactly as designated in the policy.
2. Witness—The witness may be any legally competent adult person who knows the policyowner and is not a family member or the beneficiary listed above.