

SCAN Code
BOC

CHANGE OF BENEFICIARY FORM

This form provides for payment of lump sum only.

Policy No. _____

Instructions for completion on page 2.

Insured's Name (If Joint Life, Complete separate form on each life)

The undersigned policyowner hereby revokes any previous beneficiary designation and any optional mode of settlement with respect to any death benefit proceeds payable at the death of the Insured. Any such proceeds shall be paid as follows:

PLEASE COMPLETE ENTIRE DESIGNATION IN FULL. (Check and complete only one of the items numbered 1-3.)

1. DESIGNATED BENEFICIARY(IES)

DESIGNATION OF PRIMARY, CONTINGENT OR IRREVOCABLE BENEFICIARY(IES): (Please Print) Proceeds will be split equally between all surviving primary beneficiaries, unless otherwise stated.

Full Name and Designation of Beneficiary(ies)	Soc. Sec. No./ Tax I.D. No.	Birth Date	Address	Relationship to Insured
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Irrevocable				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Irrevocable				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Irrevocable				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Irrevocable				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Irrevocable				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Irrevocable				

2. TRUST AS BENEFICIARY: (Please Print)

_____, Name of Trust _____, Tax I.D. No. _____, _____, Name of Trustee _____, Trustee, or any successor or successors in trust under written agreement dated _____, Month-Day-Year _____, and any amendments thereto, or if the trust is terminated, or does not otherwise exist, proceeds shall go to the Estate of the Insured.

3. INSURED'S ESTATE

Either or both of the following may be checked, if desired.

4. POSTPONEMENT CLAUSE (Common Disaster)

In no case shall any payment be made to any beneficiary designated in this form until midnight of the 30th day following the Insured's death, and in the event of the death of a beneficiary during such period, payment shall be made in the same manner as provided in this form had said beneficiary predeceased the Insured. This provision shall not apply to a Trustee.

5. CHILDREN'S CLAUSE (Per Stirpes)

If a child beneficiary of the Insured predeceases the Insured leaving children who survive, the share such deceased beneficiary would have received had such beneficiary survived the Insured, shall be paid in equal shares to the surviving children of such deceased beneficiary.

In the event no beneficiary survives the Insured, and if this form or the Policy does not provide otherwise, the proceeds will be paid to the Owner, if other than the Insured, otherwise to the Estate of the Insured.

If the Policy requires that a change of beneficiary be endorsed on the Policy, a copy of this form shall satisfy that request, and constitute an endorsement of the policy.

THIS CHANGE IS SUBJECT TO THE TERMS AND CONDITIONS ON THE SECOND PAGE OF THIS FORM. POLICYOWNER AND WITNESS MUST SIGN BELOW.

Signed at _____, this _____ day of _____, _____
 City and State Day Month Year
X _____ **X** _____
 Signature of Policyowner Signature of Witness (Not To Be Witnessed By Beneficiary)

Received and filed with the Insurer:

X _____
 Farm Bureau Home Office Authorized Signature Date Recorded

TERMS AND CONDITIONS

INSTRUCTIONS

If a change of beneficiary is desired on more than one policy, complete a separate change of beneficiary form for each policy.

If a change of beneficiary is desired on a Joint Life Policy, complete a separate form on each life, signed by owner/owners.

If a beneficiary is a married woman, furnish her full name, e.g., "Mary S. Doe" not "Mrs. John A. Doe".

An irrevocable beneficiary is a beneficiary whose right to policy proceeds cannot be cancelled by the policy owner unless that beneficiary consents in writing to the cancellation. An irrevocable beneficiary must consent in writing to any policy change that could reduce the policy proceeds before the change can become effective.

A Postponement Clause (Common Disaster) and/or a Children's Clause (per stirpes) may be elected by checking boxes 4 and/or 5, respectively.

The Policyowner should sign the form exactly as designated in the Policy. All signatures must be witnessed.

This form is not to be altered.

PROVISIONS

Unless otherwise provided in the Policy, this beneficiary change shall take effect on the date of this request, subject to any payments made or action taken by the Insurer before this change is acknowledged by its Home Office.

The Insurer may amend this designation to include any provisions which may be necessary to conform this designation to the Insurer's rules and practices, and to the terms of the Policy.

The following provisions shall apply to this change even though the Policy may state otherwise:

The word "Insured" shall mean "Annuitant", where applicable. The "Contract" is deemed substituted for the word "Policy", where applicable.

Payment of proceeds to any beneficiary is subject to the interest of any assignee.

Any payment to a minor beneficiary shall be made to the legally appointed guardian of his or her estate, unless otherwise permitted by law.

In the event a Trustee is named as beneficiary, the Insurer shall not need to inquire into the terms of the trust and shall not need to know its terms. Payment to the named Trustee shall fully discharge all liability of the Insurer to the extent of such payment. We reserve the right to review the trust document.

The owner reserves the right to later change the beneficiary.

LIMITATIONS

If none of the beneficiary designations numbered 1 through 3 provide the settlement wanted by the Policyowner, contact the Home Office, preferably in writing, giving full details, so that the appropriate forms can be prepared.

The reference to the Trustee designation on the front side of this form is not intended to cover testamentary disposition of proceeds. If a testamentary designation is desired, please contact the Home Office.

If the Policyowner cannot sign the form, other than making his mark (x), contact the Home Office and give full details. The Insurer will indicate the necessary requirements for making the requested change.