



United Home Life Insurance Company
United Farm Family Life Insurance Company
 225 South East Street, P.O. Box 7192
 Indianapolis, Indiana 46207-7192
 Phone: 800-428-3001 Fax: 317-692-8402



Policy Request for Change of Beneficiary, Name & Address OR Request for Certificate of Insurance

Insured _____ Policy No. _____

BENEFICIARY CHANGES

IMPORTANT: We suggest that you review all previous beneficiary designations each time a change is made in any beneficiary. If one of the designations on this form is left blank, any previously named beneficiary of that type (either primary or contingent) will not be changed. Our acceptance of a beneficiary change in no way implies that the change is in compliance with any rule, regulation, law or court order, including but not limited to ERISA requirements, and the Company disclaims any responsibility for the propriety of the change.

This change applies to the base policy and any term riders covering the NAMED INSURED only. (Death proceeds will be payable to joint beneficiaries equally with rights of survivorship unless stated otherwise.) In the event none of the beneficiaries below are living to receive these proceeds, then the final beneficiary shall be the estate of the insured.

| Primary Beneficiary Name(s): | Primary Beneficiary Social Security Number(s): | Primary Beneficiary Address(es) | Primary Beneficiary Relationship(s) to Insured: | Primary Beneficiary Percentage Distribution (optional): |
|---------------------------------|---|------------------------------------|--|--|
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| Contingent Beneficiary Name(s): | Contingent Beneficiary Social Security Number(s): | Contingent Beneficiary Address(es) | Contingent Beneficiary Relationship(s) to Insured: | Contingent Beneficiary Percentage Distribution (optional): |
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NAME CHANGE

Request for Name Change (THIS IS NOT AN OWNERSHIP CHANGE) **If reason is other than marriage or divorce, a copy of the legal change document is required.** Please change the name of the Insured Policyowner
 From: _____ To: _____
 Reason for name change: _____

ADDRESS CHANGE

Change Insured's Address to: _____
 Street Address _____ city _____ state _____ zip _____
 Change Owner's Address to: _____
 Street Address _____ city _____ state _____ zip _____

CERTIFICATE OF INSURANCE

Certificate of Insurance is needed as the insured/owner is unable to locate their original policy.

RELEASE OF INTEREST: Required Completion if the owner lives in a Community Property State.

I (print full name) , _____ spouse/former spouse of the owner of the above policy, hereby release all rights, title and interest which I may have in this policy now or in the future, by virtue of the Community Property Laws of the State of _____.

Signature (Spouse/Former Spouse) _____ Designate Relationship _____ Date _____

ANY IRREVOCABLE BENEFICIARY WILL ALSO NEED TO SIGN BELOW!

DO NOT SIGN OR WITNESS A BLANK FORM

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Foreign Citizenship of Owner/Insured requires an IRS Form W-8 BEN unless holder of Green Card or E-2 Visa.

X _____
 Signature of Owner

X _____
 Irrevocable Beneficiary

 Owner's Social Security No. (TIN)

X _____
 Signature of Witness (needed for Beneficiary Change only)

 Owner's Address

 Date

 Owner's City/State/Zip Code

X _____
 Signature of Agent As Witness

HOME OFFICE USE ONLY

The foregoing request accepted on _____, _____, _____
 Month Day Year

By Secretary Lynn B. Jongleux _____
 Authorized Company Representative