



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



Beneficiary Change Request

Policy Number: _____

Insured's Name: _____

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):
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):

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

a. By: Collateral Assignee Other (Specify) _____ For value received, I hereby release all rights, title, and interest in the above policy.

b. By: Spouse/Former Spouse in a Community Property State (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin)

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 (of Assignee, Spouse/Former Spouse, Other)

Designate Relationship

Date

- ANY ASSIGNEE OR IRREVOCABLE BENEFICIARY WILL ALSO NEED TO SIGN BELOW.
- SIGNATURE OF THE OWNER IS REQUIRED. PLEASE COMPLETE ALL REQUIRED AREAS AND DO NOT SIGN A BLANK FORM.

Owner's Address, City, State and Zip:	
Owner's Social Security No:	
Date:	
Signature of Owner:	
Signature of Agent/Witness:	
Signature of Assignee/ Irrevocable Beneficiary:	

For Home Office Use Only

This change of beneficiary accepted on _____, _____, _____ by secretary

Month Day Year

Lynn B. Jongleux

Authorized Company Representative



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Instructions for naming a beneficiary:

Individuals:

If you are naming more than one Primary Beneficiary or more than one Contingent Beneficiary, include percentage of the benefit each would receive. The total percentage must equal 100% for primary and 100% for contingent.

Examples:

Two or more individuals:

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):
John Smith	111-11-1111	111 Sample St Indianapolis IN 46237	Spouse	90%
Jane Smith	111-11-1112	222 Sample St Indianapolis IN 46237	Daughter	10%
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):
John Doe	111-11-1113	333 Sample St Indianapolis IN 46237	Father	50%
Jane Doe	111-11-1114	444 Sample St Indianapolis IN 46237	Mother	50%

Trusts:

If you are naming a trust as beneficiary, list the name of the trust, name of the trustee, date of the trust. Please send a copy of the first and last page of the trust with this form. We must receive trust paperwork to process a beneficiary change if naming a trust.

Include Taxpayer Identification Number for Trust or Trust Settlor's Social Security Number.

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):
John Smith Trust Dated January 1, 2009; Jane Smith, Trustee	111-11-1115	111 Sample St Indianapolis IN 46237		