



PO Box 2878, Salt Lake City, Utah 84110-2878

**APPLICATION FOR CHANGE OF BENEFICIARY**

POLICY NO.

INSURED

(one policy only)

**UNLESS OTHERWISE STATED UNDER 8:**

- (a) Primary or contingent beneficiary must survive Insured to have any rights to proceeds.
- (b) If no primary beneficiary survives Insured, the proceeds will be paid to surviving contingent beneficiary.
- (c) If no beneficiary survives Insured, proceeds will be paid to Owner of Owner's Estate.
- (d) If there are two or more primary or contingent beneficiaries, proceeds will be distributed in equal shares to those surviving Insured. (If Grandchildren's Clause "per stirpes" is desired, circle 6.)

Any previous beneficiary designation and/or any optional mode of settlement with respect to any death benefit proceeds payable at death of Insured is revoked. Any such proceeds shall be paid in one sum as follows:

(Circle and **complete only one** of the items numbers 1-5)

**1. PRIMARY BENEFICIARY(IES)**

Full Name	Address / Phone	Relationship to Insured	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no such beneficiary survives the Insured, **CONTINGENT BENEFICIARY(IES)**

Full Name	Address / Phone	Relationship to Insured	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**2. SPOUSE PRIMARY BENEFICIARY CHILDREN OF THE MARRIAGE CONTINGENT BENEFICIARY**

(Also complete 7) \_\_\_\_\_, spouse of Insured. Then to **children of the marriage**. (See provisions)

**3. SPOUSE PRIMARY BENEFICIARY INSURED'S CHILDREN CONTINGENT BENEFICIARY**

(Also complete 7) \_\_\_\_\_, spouse of Insured. Then to **children of Insured**. (See provisions)

**4. TRUSTEE(S) PRIMARY BENEFICIARY**

Existing Trust: \_\_\_\_\_, or any successors, for the Trust created by  
Name of Trustee(s)  
 \_\_\_\_\_ written agreement dated \_\_\_\_\_, and any amendments.  
(Name)

Trust Created by Will: The Trustee(s) who accept the trusteeship of Trust Created by Will admitted to probate as the Last Will and Testament of \_\_\_\_\_  
(Name)

If Trust is terminated or if no trustee is qualified to receive proceeds within six months of Insured's death, then proceeds go to Owner or Owner's Estate.

**5. INSURED'S ESTATE PRIMARY BENEFICIARY** Executors of Administrators of the Insured's Estate.

**6. GRANDCHILDREN'S CLAUSE**

If a child of Insured predeceases Insured, leaving children who survive Insured, that child's share will go to surviving children of such deceased beneficiary.

7. If number 2 or 3 is circled, list children, relationship, date of birth below:

Full Name	Address	Relationship to Insured	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a change of beneficiary is required to be endorsed on the Policy, I agree that the Policy be modified to permit a beneficiary change to be made without endorsement of the Policy.

THIS CHANGE IS SUBJECT TO THE PROVISIONS SHOWN BELOW

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
City and State Day Month Year

✓ \_\_\_\_\_ Witness Policyowner

FOR HOME OFFICE ACKNOWLEDGEMENT

Change recorded and copy attached as endorsement on policy. HEARTLAND NATIONAL LIFE INSURANCE COMPANY  
 Change recorded and copy returned to be attached to policy. BY \_\_\_\_\_  
DATE \_\_\_\_\_

PROVISIONS

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

Term "**children of the marriage**" includes only children born of marriage of Insured and spouse named and those legally adopted by them. It shall **not** include children of a different marriage.

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

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

The term "**children of the Insured**" shall include any legally adopted child of Insured.

If a Trustee is named as beneficiary, Company shall not need to inquire into terms of the trust and shall not need to know its terms. Payment to named Trustee shall fully discharge liability of the Company to the extent of such payment.

Owner reserves the right to later change beneficiary.

INSTRUCTIONS

This form is not to be used for the beneficiary in a Family Plan Policy.

If Policyowner cannot sign the form other than making his mark (X), contact Company giving full details. We will indicate the necessary requirements for making the requested change.

This form is not to be used to elect an optional mode of settlement. If a payment in other than one sum is desired, contact the Company.

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

If none of beneficiary designations numbered 1 through 5 provides the settlement wanted by Policyowner, contact the Company, preferably in writing, giving full details so that the appropriate forms can be prepared.

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

Policyowner should sign the form exactly as designated in policy. All signatures should be witnessed.

This form is not to be altered.