

Beneficiary Change Form

(Term Life, Whole Life, Universal Life,
Indexed Universal Life)

COUNTRY Life Insurance Company®
COUNTRY Investors Life Assurance Company®
PO Box 2000, Bloomington, IL 61702-2000
866-COUNTRY (866-268-6879)
countryfinancial.com



Please complete this form to designate or change the beneficiary/beneficiaries associated with your policy. If you have more than one insured on a policy, you may have to fill out multiple beneficiary change forms.

Provide all information requested, sign the form, secure witness and spouse signatures as required, and then return the form to your representative, mail it to the address provided or fax to the number below. For questions, please contact your representative or call the Life-Policy Services team at 866-COUNTRY (866-268-6879).

All references to "Company" shall mean COUNTRY Life Insurance Company or COUNTRY Investors Life Assurance Company, as applicable.

Send form to: COUNTRY Life Insurance Company
COUNTRY Investors Life Assurance Company
1701 Towanda Avenue, P.O. Box 2000, Bloomington, IL 61702-2000
Fax: 1-866-517-7366

Policy number(s): _____

Insured: _____ Policy Owner(s): _____

Beneficiary designation/change

Before completing this section, please review the following:

- Change requests noted in this section revoke any previous beneficiary designations under the policy/policies. These changes will direct how proceeds are paid upon the death of the Insured listed on the policy and are subject to the provisions of the policy and to the rights of any assignee.
 - All beneficiary designations are revocable unless otherwise specified or otherwise required by law.
 - No changes will be made to the beneficiaries designated on any rider for spouse or child coverage under this policy unless otherwise specified.
 - You **SHOULD NOT** name a funeral home, a bank, or lender as a beneficiary; instead assign them to the policy as collateral by completing the *Assignment of Life Insurance Contract as Collateral Form*.
 - You **CANNOT** change the policyowner or add/change a contingent owner to the policy with this form. The *Absolute Assignment and W-9* forms should be used to change the owner and the *Disposition of Contract Form* should be used to add/change a contingent owner.
 - If the policyowner(s) resides in the state of Ohio, the *Beneficiary or Owner Change Request Questionnaire* must also be completed.
- Provide the full name, address, and relationship to the insured for each beneficiary and indicate if the beneficiary is designated to be paid in equal shares or assign a percentage of shares. If a trust is named as a beneficiary, indicate whether living or testamentary. Relationship is not required if the beneficiary is a business or organization.

Primary Beneficiary(ies)

Must include at least one primary beneficiary. To name additional primary beneficiaries, attach extra pages as needed.

Name _____

Relationship _____ Birth Date/Date of Trust _____

Name of Trustee/Grantor _____ Trust Type: ☐ Living ☐ Testamentary

Address _____

City/State/Zip _____

Phone Number _____ SSN/TIN/Trust Number _____

☐ Uniform Transfer to Minors Act; provide state and custodian name:

Relationship (if other than spouse or child):

☐ Organization

☐ Trust*

☐ Other _____

Name _____

Relationship _____ Birth Date/Date of Trust _____

Name of Trustee/Grantor _____ Trust Type: ☐ Living ☐ Testamentary

Address _____

City/State/Zip _____

Phone Number _____ SSN/TIN/Trust Number _____

☐ Uniform Transfer to Minors Act; provide state and custodian name:

Relationship (if other than spouse or child):

☐ Organization

☐ Trust*

☐ Other _____

Name _____	
Relationship _____	Birth Date/Date of Trust _____
Name of Trustee/Grantor _____	Trust Type: ☐ Living ☐ Testamentary
Address _____	
City/State/Zip _____	Relationship (if other than spouse or child): ☐ Organization ☐ Trust* ☐ Other _____
Phone Number _____	
☐ Uniform Transfer to Minors Act; provide state and custodian name: _____	

Name _____	
Relationship _____	Birth Date/Date of Trust _____
Name of Trustee/Grantor _____	Trust Type: ☐ Living ☐ Testamentary
Address _____	
City/State/Zip _____	Relationship (if other than spouse or child): ☐ Organization ☐ Trust* ☐ Other _____
Phone Number _____	
☐ Uniform Transfer to Minors Act; provide state and custodian name: _____	

Name _____	
Relationship _____	Birth Date/Date of Trust _____
Name of Trustee/Grantor _____	Trust Type: ☐ Living ☐ Testamentary
Address _____	
City/State/Zip _____	Relationship (if other than spouse or child): ☐ Organization ☐ Trust* ☐ Other _____
Phone Number _____	
☐ Uniform Transfer to Minors Act; provide state and custodian name: _____	

Secondary Beneficiary(ies)

Will only receive proceeds if there are no surviving primary beneficiaries. If this is left blank, any existing secondary beneficiaries will be removed from the policy. To name additional secondary beneficiaries, attach extra pages as needed.

Name _____	
Relationship _____	Birth Date/Date of Trust _____
Name of Trustee/Grantor _____	Trust Type: ☐ Living ☐ Testamentary
Address _____	
City/State/Zip _____	Relationship (if other than spouse or child): ☐ Organization ☐ Trust* ☐ Other _____
Phone Number _____	
☐ Uniform Transfer to Minors Act; provide state and custodian name: _____	

Name _____	
Relationship _____	Birth Date/Date of Trust _____
Name of Trustee/Grantor _____	Trust Type: ☐ Living ☐ Testamentary
Address _____	
City/State/Zip _____	Relationship (if other than spouse or child): ☐ Organization ☐ Trust* ☐ Other _____
Phone Number _____	
☐ Uniform Transfer to Minors Act; provide state and custodian name: _____	

Name _____	
Relationship _____ Birth Date/Date of Trust _____	
Name of Trustee/Grantor _____ Trust Type: ☐ Living ☐ Testamentary	
Address _____	
City/State/Zip _____	
Phone Number _____ SSN/TIN/Trust Number _____	
☐ Uniform Transfer to Minors Act; provide state and custodian name: _____	
Relationship (if other than spouse or child): ☐ Organization ☐ Trust* ☐ Other _____	

Name _____	
Relationship _____ Birth Date/Date of Trust _____	
Name of Trustee/Grantor _____ Trust Type: ☐ Living ☐ Testamentary	
Address _____	
City/State/Zip _____	
Phone Number _____ SSN/TIN/Trust Number _____	
☐ Uniform Transfer to Minors Act; provide state and custodian name: _____	
Relationship (if other than spouse or child): ☐ Organization ☐ Trust* ☐ Other _____	

Name _____	
Relationship _____ Birth Date/Date of Trust _____	
Name of Trustee/Grantor _____ Trust Type: ☐ Living ☐ Testamentary	
Address _____	
City/State/Zip _____	
Phone Number _____ SSN/TIN/Trust Number _____	
☐ Uniform Transfer to Minors Act; provide state and custodian name: _____	
Relationship (if other than spouse or child): ☐ Organization ☐ Trust* ☐ Other _____	

Subsequent Beneficiary(ies)

Will only receive proceeds if there are no surviving primary and secondary beneficiaries. If this is left blank, any existing subsequent beneficiaries will be removed from the policy. To name additional subsequent beneficiaries, attach extra pages as needed.

Name _____	
Relationship _____ Birth Date/Date of Trust _____	
Name of Trustee/Grantor _____ Trust Type: ☐ Living ☐ Testamentary	
Address _____	
City/State/Zip _____	
Phone Number _____ SSN/TIN/Trust Number _____	
☐ Uniform Transfer to Minors Act; provide state and custodian name: _____	
Relationship (if other than spouse or child): ☐ Organization ☐ Trust* ☐ Other _____	

Name _____	
Relationship _____ Birth Date/Date of Trust _____	
Name of Trustee/Grantor _____ Trust Type: ☐ Living ☐ Testamentary	
Address _____	
City/State/Zip _____	
Phone Number _____ SSN/TIN/Trust Number _____	
☐ Uniform Transfer to Minors Act; provide state and custodian name: _____	
Relationship (if other than spouse or child): ☐ Organization ☐ Trust* ☐ Other _____	

Name _____	
Relationship _____ Birth Date/Date of Trust _____	
Name of Trustee/Grantor _____ Trust Type: ☐ Living ☐ Testamentary	
Address _____	
City/State/Zip _____	
Phone Number _____ SSN/TIN/Trust Number _____	
☐ Uniform Transfer to Minors Act; provide state and custodian name: _____	
Relationship (if other than spouse or child): ☐ Organization ☐ Trust* ☐ Other _____	

Name _____	
Relationship _____ Birth Date/Date of Trust _____	
Name of Trustee/Grantor _____ Trust Type: ☐ Living ☐ Testamentary	
Address _____	
City/State/Zip _____	
Phone Number _____ SSN/TIN/Trust Number _____	
☐ Uniform Transfer to Minors Act; provide state and custodian name: _____	
Relationship (if other than spouse or child): ☐ Organization ☐ Trust* ☐ Other _____	

Name _____	
Relationship _____ Birth Date/Date of Trust _____	
Name of Trustee/Grantor _____ Trust Type: ☐ Living ☐ Testamentary	
Address _____	
City/State/Zip _____	
Phone Number _____ SSN/TIN/Trust Number _____	
☐ Uniform Transfer to Minors Act; provide state and custodian name: _____	
Relationship (if other than spouse or child): ☐ Organization ☐ Trust* ☐ Other _____	

*If a per stirpes designation is specified, payment shall be made in equal shares to the surviving beneficiaries in that category except that if any named beneficiary predeceases the Insured leaving living descendants, the share such deceased beneficiary would have taken shall pass to those descendants, per stirpes.

**If a trustee, whether of an inter vivos or testamentary trust is designated as a beneficiary, the Company requires that the following terms become a part of such designation: if proof acceptable to the Company, Bloomington, Illinois of the authority to act and the acceptance of duties by said trustee shall not have been received and accepted by said Company within a period ending six months after the death of the insured, the proceeds shall be paid in one lump sum to the succeeding named beneficiary or, if none is named, to the estate of the insured. The Company shall be under no obligation with respect to the performance of the terms and conditions of any will, trust, amendments thereto, or other instrument affecting this policy or any payment thereunder, and further shall be relieved of any duty or obligation to inquire as to the application of any funds arising as the result of any payment in connection with said policy to or for the benefit of any trustee, said Company being bound solely by the terms of the policy described herein and properly executed and accepted endorsement thereto, and any payment made by said Company shall, to the full extent of such payment, discharge said Company of all liability under said policy.

Special Instructions:

Address or Name change (for policy number(s) listed above only)

If you need an address change on **all COUNTRY policies**, please visit with your representative, login at COUNTRYFinancial.com or call 866-COUNTRY (866-268-6879).

a. Name Change

Change legal name of: ☐ Owner ☐ Insured ☐ Payor ☐ Other: _____
Former Name (First) _____ (Middle Initial) _____ (Last) _____
New Name (First) _____ (Middle Initial) _____ (Last) _____
Reason for Change: ☐ Correction ☐ Marriage ☐ Divorce ☐ Other: _____

b. Address Change

Change address of: ☐ Owner ☐ Insured ☐ Payor ☐ Other: _____
Name (First) _____ (Middle Initial) _____ (Last) _____
Street Address Line 1: _____
Street Address Line 2: _____
City: _____ State: _____ Zip Code: _____
Phone: _____

Signatures

Sign below in black ink when using wet signature(s). If your name has changed, please sign with your new name. If you have not reserved the right to change the beneficiary(ies) on the policy, the signature of the irrevocable beneficiary(ies) is also required. If you are signing as a fiduciary or representative, you must sign in capacity or with title and provide documentation of your authority.

I understand that proceeds will be paid in equal shares to the survivor(s) in each category where such payment is applicable unless otherwise specified. I understand that an individual cannot be named to receive proceeds for the benefit of another person.

Policy Owner(s) signature

Date

Witness signature (if using wet signature(s)*If Insurance Representative, include rep number)

Date

Other signature (if required)

Date

Spouse signature may be required if you reside in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, and WI). Please consult a tax or legal professional of your choice to determine whether a spousal signature is required for this form. Company is not responsible for determining whether a spousal signature is required nor does Company determine the validity of this form under applicable laws.

I consent to the beneficiary designation(s) listed on this form and waive any rights, causes of action, or remedies I may have under any applicable community property laws relating to the proceeds from the Policy in accordance with the designations on this form.

Spouse signature

Date