



Customer Service | P.O. Box 248950 | Oklahoma City, OK 73124-8950
American Public Life Insurance Company | 800-256-8606 | Fax: 877-807-0911

Instructions for Change of Beneficiary

Please use the attached form to request a change in beneficiary. **Do not complete the Change of Beneficiary section for a change of name only.**

This request, when completed, is recorded and is in substitution of all previous designations. Be sure to rename all previous beneficiaries who are to receive any of the proceeds of the policy. If this is a Joint Life Policy, a separate form must be completed for each insured person whose beneficiary is being changed; however, each jointly insured person must sign.

Complete the Request for Change of Beneficiary form by listing the full given name for each person to be named as beneficiary. Indicate the address and relationship of the proposed beneficiary to the person insured. Sign and date the form where required, and obtain signatures of all additional parties, as outlined below. **A Notary Public must witness each signature.**

Signature Requirements

- 1. The policyowner:** The insured is usually the policy owner, but ownership may be vested wholly or partially in:
 - (a) Another person, whose signature is required.
 - (b) A Corporation. The signature and title of an authorized officer, other than the insured, is required, with the corporate seal affixed over it. In addition, a copy of the Articles of Incorporation or Partnership Agreement must be provided to show the officers/owners with the authority to make the change.
 - (c) A Partnership. All partners must sign. (For a Joint Life Policy, if the policy has joint ownership, both owners must sign any form submitted.)
- 2. Absolute Assignee:** If the policy is absolutely assigned, the signature of the Assignee is required.
- 3. Juvenile policy:** A policy issued on a juvenile may contain an Ownership or Control of Policy provision. In this case, ownership of the policy transfers to the insured at the age of 21. At that age the insured's signature is required on the beneficiary request form.
- 4. Witness:** A Notary Public must witness each signature.
- 5. Spouse: Special community property requirements apply if the policy was issued in or the policyowner resides in: Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Washington and Wisconsin. If a policy was issued in a community property state (or jurisdiction), the spouse at the time of issue, if any, must sign the change form. In case of a divorce, a copy of the policyowner's entire divorce decree must be submitted (or the ex-spouse must sign the change form). In case of a deceased spouse, a copy of the death certificate must be submitted. If the policyowner currently resides in a community property state (or jurisdiction), the policyowner's current spouse, if any, must sign the change form.**

Upon approval by American Public Life, a copy of the Request for Change of Beneficiary form and/or the Request for Change of Ownership form will be returned to you for your records.

If you have any questions about your insurance policy or certificate, or about your request for a change in beneficiary or ownership, please call 800-256-8606.

Please return completed form to:

APL Customer Service
P.O. Box 248950
Oklahoma City, OK 73124-8950



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Examples of Commonly Used Beneficiary Designations

A list of the more common types of beneficiary designations requested and examples of proper wording for each type follows. When proceeds are to be split between more than one beneficiary, indicate the percentage (rather than the dollar amounts) to be paid to each.

TYPE OF BENEFICIARY	EXAMPLES OF WORDING TO BE USED
1) One beneficiary	Mary E. Doe, Wife NOT: Mrs. John J. Doe
2) Two beneficiaries (equal shares)	John J. Doe, Father Mary E. Doe, Mother
3) Two beneficiaries (unequal shares)	75% to Mary E. Doe, Wife 25% to Jane J. Doe, Mother
4) One primary (First) and one contingent	Primary: Mary E. Doe, Wife Contingent: Jane J. Doe, Mother
5) One primary (First) and two contingent	Primary: Mary E. Doe, Wife Contingent: Jane J. Doe, Mother and James H. Doe, Brother
6) One primary (First) beneficiary and children	Primary: Mary E. Doe, Wife Contingent: Sam M. Doe, Son Susan B. Doe, Daughter Ann R. Doe, Daughter
7) Creditor beneficiary	The ABC Savings and Loan Association, an Oklahoma Corporation, Creditor, as its interest may appear; balance, if any, to Mary E. Doe, Wife
8) Partnership beneficiary	John A. Smith, William W. Jones, and Henry H. Brown, business partners, SJ & B an Oklahoma Limited Partnership
9) Corporation beneficiary (requires that the person insured is a primary owner of the corporation)	The ABC Company, Inc. an Oklahoma Corporation, complete address
10) Insured's Estate	Estate of the Insured
11) Trustee Beneficiary: (Trust established under written Trust Agreement)	The John J. Doe Trust dated xx/xx/xxxx, Jane Doe as Trustee

Please continue to next page.



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Request for Change of Beneficiary

PLEASE READ INSTRUCTIONS FOR CHANGE OF BENEFICIARY BEFORE COMPLETING THIS FORM

Insured Name	Policy Number
Policyowner (If different than Insured)	Phone Number
Social Security or Tax ID if Trust or Organization	
Mailing Address	

First Beneficiary (primary)

Full Name of Beneficiary	Percentage of Shares	Relationship	Social Security or Tax ID if Trust or Organization	Address

If surviving the Insured. (If more than one person is named, benefits will be paid in equal share to the survivors, unless indicated otherwise.) Otherwise, payable to:

Second Beneficiary (contingent)

Full Name of Beneficiary	Percentage of Shares	Relationship	Social Security or Tax ID if Trust or Organization	Address

If surviving the Insured. (If more than one person is named, benefits will be paid in equal shares to the survivors, unless indicated otherwise.) If no beneficiary survives the Insured, the proceeds will be paid as provided in the policy. If no provision is made in the policy, then proceeds will be paid to the estate of the Insured. Such payment will be made in one sum with any installment payments being commuted.

Please return pages 3 & 4 of this form for your request to be processed.



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Insured Name	Policy Number
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All relationships shall be in reference to the insured person named in the heading of this request form. If a beneficiary is other than a person, all references herein to life or death shall be construed to refer to the continuance or non-continuance of such entity's existence. The interests of all beneficiaries are subject to any assignment of this policy on record at the Home Office of the Company. Unless otherwise stated in the policy, the owner(s) reserve(s) the right to further change the beneficiary without the beneficiary's consent. If the policy numbered above is not in force when this agreement is recorded such action shall not constitute an admission by the Company that the policy is in force.

It is understood that this request for change of beneficiary will replace all previous requests and will take effect on the date recorded by the company, as indicated below.

Signed at _____ on _____ 20 ____
City State Date

Notary Public Seal Commission Expires Signature of Insured

Notary Public Seal Commission Expires Signature of policy owner, if other than insured

Notary Public Seal Commission Expires Signature of spouse if in a Community Property State

Notary Public Seal Commission Expires Signature of Irrevocable Beneficiary, if any

FOR HOME OFFICE USE ONLY This request has been recorded at the Home Office of the American Public Life Insurance Company at: 6303 N Portland Avenue, Oklahoma City, OK. 73112

_____ Date Approved By _____