

POLICY #: _____

INSURED: _____



P.O. Box 35768
Tulsa OK 74153

REQUEST FOR:

- CHANGE OF BENEFICIARY
- CHANGE OF NAME AND / OR ADDRESS
- CHANGE OF OWNERSHIP
- POLICY CERTIFICATE (\$15 Fee)
- CANCEL COVERAGE

CHANGE OF BENEFICIARY

(PLEASE READ INSTRUCTIONS FOR CHANGE OF BENEFICIARY ON REVERSE SIDE)

Full Legal Name	Relationship	Age	Complete Address
-----------------	--------------	-----	------------------

FIRST BENEFICIARY _____

SECOND BENEFICIARY _____

GENERAL PROVISIONS

The designation of First and Second Beneficiaries determines the order in which any beneficiary shall become eligible to receive proceeds as a death claim. Unless otherwise provided herein or in a written request filed and recorded at the Company's Home Office.

1. If more than one person or entity is designated as First or Second Beneficiary, the survivors or survivor of the insured shall share equally.
2. 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.
3. Payments other than in a single sum shall be in accordance with settlement options contained in the policy.
4. The interests of all beneficiaries are subject to any assignment of this policy on record at the Home Office of the Company.

If the policy numbered above is not in force when this agreement is recorded or when a copy is attached to the policy and made a part thereof, such action shall not constitute an admission by the Company that the policy is in force.

WAIVER OF POLICY PROVISIONS

If the policy provides that any change of beneficiary shall become effective only if endorsed upon the policy, the Company may, at its option, but acting through an authorized officer at the Home Office, waive such provision and in such event this change of beneficiary shall become effective when, but only when, recorded by the Company at its Home Office. However, upon being so recorded, such change will take effect as of the date this request was signed, whether or not the insured is living when the change is recorded, subject to any payment made or other action by the Company before such recording.

IT IS UNDERSTOOD THAT IN ENDORSING A BENEFICIARY CHANGE, THE COMPANY ADMITS NO LIABILITY NOT ALREADY EXISTING UNDER THE TERMS OF THE POLICY AT DATE OF ENDORSEMENT.

CHANGE OF NAME AND / OR ADDRESS

(Do not use this section to change the owner or beneficiary. Use it only to indicate legal name change by marriage, divorce, adoption, etc. or to correct spelling errors or omissions.)

The INSURED BENEFICIARY OWNER _____

Was changed by MARRIAGE DIVORCE CORRECTION _____

FROM _____ TO _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CHANGE OF OWNERSHIP

CHANGE OWNER TO: NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

RELATIONSHIP TO INSURED _____ NEW OWNER'S SOCIAL SECURITY OR IDENTIFICATION NUMBER _____

SEND FUTURE PREMIUM NOTICES TO: NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

If owner is other than the insured, ownership will revert to the insured upon death of such owner.

POLICY CERTIFICATE (\$15 FEE APPLIES)

I (We), the undersigned, represent and warrant that Policy Number _____ issued or assumed by insuring the life of _____ is lost, misplaced, or has been destroyed and I (we) have no knowledge of its whereabouts. Therefore, I (we) request the Company to issue a policy certificate reflecting the basic terms and coverages provided by said policy. I (we) understand that this will be forwarded to us upon the Company's receipt of \$15 fee for said service.

Before dating and signing, read signature requirement instructions on the reverse side.

DATED AT _____ THIS _____ DAY OF _____ 20____

WITNESS _____ ADDRESS _____

WITNESS _____ ADDRESS _____

SIGNATURE OF INSURED _____

SIGNATURE OF POLICY OWNER, IF OTHER THAN INSURED, OR SPOUSE
(COMMUNITY PROPERTY STATES)

IF OWNER IS A CORPORATION, SIGNATURE AND TITLE OF AUTHORIZED OFFICER

FOR HOME OFFICE USE ONLY

The foregoing request has been recorded at the Home Office of Leaders Life Insurance Company, Tulsa, Oklahoma.

DATE _____ REGISTRAR _____

PRESIDENT OR SECRETARY _____

INSTRUCTIONS FOR CHANGE OF BENEFICIARY AND METHOD OF SETTLEMENT

Use this form when requesting a change in beneficiary or a simple method of settlement of the proceeds payable upon the death of the person whose life is insured under the policy. A request that a change of name be endorsed on the policy should be also submitted on this form. *Do not complete the Beneficiary Designation section for change of name only.*

Complete a separate form for each policy. This request, when completed and recorded or endorsed upon the policy, is in substitution of all previous beneficiary 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.

List the full given name and address of each person to be named as beneficiary. Example: Nita E. Brown – *not Mrs. Jack Brown.* Indicate relationship of the proposed beneficiary to the person insured. List the age of the proposed beneficiary.

All proceeds including proceeds of Family type policies or Riders and Monthly Income policies shall be paid in a single sum unless otherwise elected. *Be sure to indicate the method of settlement desired.* Examples of commonly used beneficiary designations are listed at the bottom of this page.

SIGNATURE REQUIREMENTS

1. THE POLICYOWNER.

The insured is usually the policyowner, but ownership may vest wholly or partially in:

- a. ANOTHER PERSON, in which event his or her signature is required.
- b. A CORPORATION, in which event the signature and title of an authorized officer other than the insured is required.
- c. A PARTNERSHIP, in which event all partners must sign. (For a Joint Life policy, if policy has joint owner, both owners must sign any form submitted.)

2. THE CONTRACTUAL CONTROLLER OF A JUVENILE POLICY.

Most Juvenile policies contain an Ownership or Control of Policy provision designating the person who must sign if the insured is a minor. Inspect the policy for Ownership or Control Provisions. The person or persons controlling the policy must sign the change of beneficiary form.

3. ABSOLUTE ASSIGNEE.

If the policy is absolutely assigned, the signature of the Assignee is required.

4. SPOUSE.

If the insured is a resident of one of the Community Property states and the primary beneficiary is being changed from the spouse, then such spouse must sign along with the insured.

5. WITNESS.

A disinterested person must witness each signature. Two witnesses are required when a mark or "X" is used for a signature.

COMMONLY USED BENEFICIARY DESIGNATIONS

TYPE OF BENEFICIARY

PROPER WORDING (ALL CHANGES REQUIRE AN ADDRESS)

1. One beneficiary only	Jane R. Doe, wife, 34
2. Two beneficiaries (equal shares)	John M. Doe, father, 40, and Jane R. Doe, mother, 38, equally or to survivor
3. Two beneficiaries (unequal shares)	¾ to Jane R. Doe, wife, 34 and ¼ to Sue K. Smith, mother, 57, or all to survivor
4. One primary (First) and one contingent (Second) beneficiary	First: Jane R. Doe, wife, 21 Second: Sue K. Smith, mother, 46
5. One primary (First) and two contingent (Second) beneficiaries	First: Jane R. Doe, wife, 21 Second: Sue K. Smith, mother, 43, and Jack L. Smith, brother, 28, equally or to survivor
6. One primary (First) beneficiary and children of the insured as contingent	First: Jane R. Doe, wife, 43 Second: Jim T. Doe, 18, Kim J. Doe, 18, and any other children hereafter born to marriage of or hereafter legally adopted by insured and Jane R. Doe, equally or to survivor or survivors
7. Creditor beneficiary	The ABC Bank, Any city, Any state, an Any State Corporation, Creditor as its interest may appear, balance, if any, to Jane R. Doe, wife, 34
8. Partnership beneficiary	John M. Doe, 26, Jack L. Smith, 36, and Jim T. Young, 44, business partners, equally
9. Corporation beneficiary	XYZ Company, Any City, Any State, an Any State Corporation, complete address
10. Insured's Estate	Estate of the Insured
11. Trustee beneficiary (Trust established under written Trust Agreement)	The Statewide Trust Company, Any City, Any State, as Trustee, or its successor in trust under written trust agreement dated _____. Payment of the proceeds to or the release of the Trustee shall constitute a full discharge to the Company of all liability under the policy.