

D/A/C _____

I request the following changes be made in my Liberty National Life Insurance Company policy:

_____ POLICY NUMBER _____ INSURED

I. INSURED'S CHANGE OF NAME

From: _____ To: _____
 (Please Print) (Please Print)

II. TRANSFER OF OWNERSHIP / OR OWNER'S CHANGE OF NAME

As the owner of this policy on the date of this request, I hereby transfer all benefits, rights and privileges of ownership of this policy to:

New Owner (Please Print Full Name)	Contingent Owner (Please Print Full Name)
New Owner Relationship to Insured	Contingent Owner Relationship to Insured
New Owner Mailing Address	Contingent Owner Mailing Address
City, State, ZIP ()	City, State, ZIP
Phone Number - -	
Social Security Number	

III. BENEFICIARY DESIGNATION

A.	Beneficiary Name	Relationship	% *	Check One		Policy Number
				Primary	Contingent	

A.	Beneficiary Name	Relationship	% *	Primary	Contingent	Policy Number

* Must total 100%

B. Unless otherwise specified, the proceeds of the policy will be paid in equal shares to the living beneficiaries. If all of the beneficiaries are deceased, then the proceeds will be payable to the estate of the insured.

IV. SIGN HERE FOR ABOVE REQUESTS:

I understand and agree that the Company reserves the right during the first year the policy is in force to restrict beneficiaries to designations acceptable to the Company.

_____ Non-Related Witness _____ Signature of Present Owner

_____ Date of Request _____ Present Owner (Please Print)

- FOR HOME OFFICE USE ONLY -

LIBERTY NATIONAL LIFE INSURANCE COMPANY acknowledges receipt of the request and has retained a copy of the request.

Dated at McKinney, Texas: _____

By: _____
Authorized Signature

_____ Mailing Address

_____ City, State, Zip

_____ ()

_____ Phone Number

(If this is a change of address, please indicate it here:)