

**BENEFICIARY CHANGE FORM**

**Administrative Office:  
PO Box 13080  
Springfield, IL 62791-3080**

Universal Guaranty Life Insurance	(800) 323-0050
UG/Genworth Life & Annuity	(866) 662-2344
IdeaLife Insurance Company	(866) 579-9432
The Independent Order of Vikings	(877) 241-6006

Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

<b>PRIMARY BENEFICIARY</b>	<p>I hereby revoke all prior designations of beneficiary and optional modes of settlement under this policy.</p> <p>Change the beneficiary to: _____</p> <p>Beneficiary Social Security Number: _____ Beneficiary Date of Birth: _____</p> <p>Beneficiary's relationship to the Insured is: _____</p> <p>Address (Please Print): _____  <small>Number and Street City State Zip Code</small></p> <p>Phone Number: _____</p> <p>E-Mail Address: _____</p>
<b>CONTINGENT BENEFICIARY</b>	<p>Change the Contingent Beneficiary to: _____</p> <p>Contingent Beneficiary Social Security Number: _____</p> <p>Contingent Beneficiary Date of Birth: _____</p> <p>Whose relationship to the Insured is: _____</p> <p>Address (Please Print): _____  <small>Number and Street City State Zip Code</small></p> <p>Phone Number: _____</p> <p>E-Mail Address: _____</p>
<b>AFFIRMATION</b>	<p>I hereby affirm that to the best of my knowledge and belief, the following statements are true and correct:</p> <ul style="list-style-type: none"> <li>▪ Premiums for this policy were funded by personal assets, or any financing agreement was secured by personal assets and disclosed to the Company.</li> <li>▪ The policy owner made no agreement to settle the policy before or during the first two years after policy issuance.</li> <li>▪ The policy owner responded truthfully to the Company's inquiry at application regarding whether a life expectancy valuation was obtained and a copy of any evaluation was provided to the Company.</li> <li>▪ Any financial arrangement, trust or other device that conceals ownership of the policy was disclosed to the Company prior to policy issuance.</li> </ul> <p style="text-align: center;"><b>YOUR SIGNATURE BELOW AFFIRMS THAT THESE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE AND BELIEF.</b></p>

I direct that any endorsement or change of the policy as requested above be effected by return of a confirmation letter with the Company's acknowledgement. I certify that I am not now disabled, and that no proceedings in bankruptcy are pending.

Signature of Policy Owner: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_ Joint Owner: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_

\*Signature of spouse if community property state  
\*Community Property States AZ,CA,ID,LA,NV,NM,TX,WA,WI

Witness:(Notary Official): \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_

Stamp or Seal Required