LUSO - AMERICAN LIFE

INSURANCE SOCIETY

Home Office: 7080 Donlon Way, Dublin, Ca 94568

Phone: 925/828-4884
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ELECTION OF CHANGE OF BENEFICIARY

In accordance with the provisions of Policy No. _____ I hereby elect to change the beneficiary as follows:

	Name	Date of Birth	Relationship to the Insured
BENEFICIARY (IES): if more than one, sharing equally, or to the survivor unless otherwise provided.	_____	_____	_____
	_____	_____	_____
CONTINGENT(S): (if any), if more than one, sharing equally, or to the survivor, unless otherwise provided.	_____	_____	_____
	_____	_____	_____

By this election I hereby revoke all other and former designations, I make this election subject to all of the conditions and provisions of said policy as well as any existing assignment and, unless otherwise provided by me in this application for change of beneficiary, I expressly reserve the full and absolute right to make other and further changes at any time I may elect. It is understood and agreed that all decisions upon questions of fact in determining any unnamed beneficiaries herein designated, made by the Company in good faith, based on proof by affidavit or other written evidence satisfactory to it, shall be conclusive and fully protect the Company in acting in reliance thereon. I represent and certify that no insolvency or bankruptcy proceedings are now pending against me.

_____ 19 _____

Date

_____ _____

Witness *Owner of Policy*

_____

Street address, City, State & Zip

READ FOLLOWING INSTRUCTIONS CAREFULLY BEFORE SIGNING

(Forms cannot be accepted which contain corrections or erasures)

1. All information not already given as to the full name, date of birth, and relationship of the proposed beneficiary should be inserted. If the proposed beneficiary is a married woman, her own given name must be furnished, not that of her husband. If beneficiary (ies) is not related to Insured, furnish present mailing address.
2. The signature of the Owner should appear in ink exactly as the name is given in the policy, except that if the Owner is a woman and has changed her name by marriage since the policy was issued, her husband's surname should be added to her name as given in the policy. The date on which the Owner signs must be inserted.
3. If the policy is owned by the partnership, the name of the partnership should be written above the signature space, followed by signatures of all partners, each designated as "partner".
4. If the policy is owned by the corporation, the name of the corporation should be written above the signature space, followed by the signature of an officer authorized by the Board of Directors of the corporation to sign for the corporation. A certified copy of a resolution adopted by the Board off Directors, referring to the transaction and signature, should accompany the completed application.
5. Prepare separate forms if more than one policy involved.

See reverse for examples of commonly used beneficiary designations