



NATIONAL FAMILY CARE LIFE INSURANCE COMPANY

P.O. BOX 809043 DALLAS, TEXAS 75380 (972) 387-8553

SAVE FORM TO COMPLETE

LIFE BENEFICIARY CHANGE

SAVE FORM TO COMPLETE

LIFE POLICY NUMBER

INSURED NAME

Thank you for giving National Family Care the opportunity to be of service to you.

Please complete this form in detail, dating and signing same with your full name in the presence of a witness. Use the full maiden given name of a married lady (example: Mary Jane Doe, not Mrs. John Doe). Please do not use initials.

BY VIRTUE OF THE RIGHT CONFERRED UPON ME/US BY THE TERMS OF THE POLICY ON THE LIFE OF THE ABOVE INSURED BEARING THE ABOVE POLICY NUMBER, I/WE HEREBY REVOKE ALL PREVIOUS DESIGNATIONS OF BENEFICIARY AND ELECTIONS OF SETTLEMENT OPTIONS AND REQUEST THAT THE BENEFICIARY OF THE SUBJECT POLICY BE CHANGED; THE SAID CHANGE TO TAKE EFFECT IN ACCORDANCE WITH THE PROVISIONS OF SAID POLICY, TO:

PRIMARY BENEFICIARY (Please Print)

RELATIONSHIP TO INSURED

SECONDARY BENEFICIARY (Please Print)

RELATIONSHIP TO INSURED

Date:

WITNESS

SIGNATURE OF PRESENT OWNER

FOR OFFICE USE ONLY

ACCEPTED BY NATIONAL FAMILY CARE LIFE INSURANCE COMPANY

SHELLEY ROMEO, PRESIDENT