



AMERICAN MUTUAL LIFE ASSOCIATION

19424 South Waterloo Road, Cleveland, OH 44119-3250

Phone: (216) 531-1900 Fax: (216) 531-8123

CHANGE OF BENEFICIARY FORM

(Please Print, Use Ink)

Full Name of Insured _____

Date of Birth _____ Lodge Number _____ Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Certificate/Annuity Numbers: _____

(Only certificates/annuities listed will be changed.)

I revoke any previous designation of primary beneficiary and contingent beneficiary on the above certificate(s)/annuity(ies) and any previous choice of settlement options which apply to any amount payable under the above certificate(s)/annuity(ies) on my death. I designate the following Revocable Primary Beneficiary(ies) to receive any amount payable under the above certificate(s)/annuity(ies) upon my death. The proceeds of the above certificate(s) shall be paid in one sum unless an optional mode of settlement is hereafter elected by separate written instrument. Payment of death benefits for any annuity(ies) above shall be in accordance with the provisions of the annuity contract unless an optional mode of settlement is hereafter selected by separate written instrument.

PRIMARY BENEFICIARY(IES): Use first name, middle initial, last name. UNLESS OTHERWISE INDICATED, SURVIVING BENEFICIARIES LISTED IN THIS BOX WILL SHARE DEATH BENEFIT EQUALLY.

Table with 5 columns: Primary name(s), SS#, Relationship, Date of Birth, Share (Use %). Includes three rows for Address.

CONTINGENT BENEFICIARY(IES): If no Revocable Primary Beneficiary(ies) designated above are living at my death, I designate the following Revocable Contingent Beneficiary(ies) to receive any amount payable under the above certificate(s)/annuity(ies) upon my death.

Table with 5 columns: Contingent name(s), SS#, Relationship, Date of Birth, Share (Use %). Includes two rows for Address.

If multiple primary beneficiaries or contingent beneficiaries are named above, payment will be made in shares as specified. If no shares are specified, the shares shall be equal. The share of any primary or contingent beneficiary who predeceases the insured will be divided among the surviving beneficiaries in proportion to their interests with all to the survivor. If there is no survivor, then payment shall be made to my estate. See reverse side for additional information and instructions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

Date and Signature required Signed this _____ day of _____, 20_____.

X _____ Name of Owner - Printed

X _____ Signature of Owner

Signature must be witnessed

I, the undersigned do hereby verify that the above signature is genuine and that said member was, at the time of signing this application, of sound mind and that this is his/her voluntary act.

X _____ Name of Witness - Printed

X _____ Signature of Witness (Cannot be a designated beneficiary)

FOR HOME OFFICE USE

Recorded at Home Office of American Mutual Life Association

By: _____ Signature of AMLA Officer Date: _____

INFORMATION AND INSTRUCTIONS

Please list each certificate on which a change is desired. Do not return certificate with this form. Please WRITE all signatures in ink. DO NOT PRINT. The witness cannot be a designated beneficiary.

1. Insert the name, address, date of birth, social security number and relationship of each primary beneficiary and each contingent beneficiary.
2. If payment is to be made to the estate of the insured, insert "Estate of the Insured".
3. If more than one primary beneficiary or contingent beneficiary is designated, and payment is to be made in unequal shares, insert the shares in percentages (%) in the appropriate space next to each name.
4. If a living trust is to be named as beneficiary, enter the names of all trustees, the title of the trust, and the date the trust was executed. e.g. John Doe and Jane Doe, as Trustees, or their successor(s) in trust, of the Richard Roe Family Trust dated 1/2/03. Copies of the first and last page of the trust must be returned with the Change of Beneficiary form.
5. If a funeral home is being designated as a beneficiary, the name and address of the funeral home must be listed as well as the following designation "as their interest may appear, balance if any to... (insert name)."
6. If more space is needed, multiple beneficiaries may be entered in paragraph form. If this is still insufficient for the intended designation, furnish the information to the Home Office and we will prepare a special form.
7. All deletions and alterations made on this form must be initialed by the owner.

BENEFICIARIES

The Member may select as principal or contingent beneficiary/ies any person, persons, firm, corporation or other legal entity, including the Estate of the Member, except that if the beneficiary/ies are other than a person, the consent of the Association must be obtained.

The certificate/annuity owner shall have the right to change the beneficiary/ies named at any time. Such change shall take effect as of the date the written request is received at the Home Office at the Association and endorsed upon the certificate/annuity contract, but when so endorsed, whether the insured be living or not, the change shall be effective as of the date the written request therefor was signed by the owner, but without prejudice to the Association on account of any proceeds paid or applied under any previous designation prior to the receipt of such notice by the Association.

In the event that at the time of death of the member there is no living beneficiary (Primary or Contingent) then the death benefits in excess of \$2,000.00 shall be paid to the estate of the deceased member. In the event that at the time of a member's death, there is no living beneficiary (Primary or Contingent) and no estate to be probated, then the death benefits in the amount of \$2,000.00 or less shall be paid in the following manner:

- 1) To the surviving spouse.
- 2) If there is no surviving spouse, then to the surviving children of the deceased member.
- 3) If there is no surviving spouse, no surviving children, then to the surviving grandchildren of the deceased member.
- 4) If there is no surviving spouse, no surviving children, no surviving grandchildren, then to the surviving parent or parents of the deceased member.
- 5) If there is no surviving spouse, no surviving children, no surviving grandchildren and no surviving parent or parents, then to the surviving brothers and sisters of the deceased member.
- 6) If there is no surviving spouse, no surviving children, no surviving grandchildren, no surviving parent or parents, and no surviving brothers and sisters, then to the estate of the deceased member.

Any payments to minors shall be made to the Guardian of the Minor.