## BANKERS CONSECO LIFE INSURANCE COMPANY

Administrative Office: Policy Holder Services Dept. PO Box 1918, Carmel, IN 46082

## **Request For Change Of Beneficiary**

Request is hereby made	to change the beneficiary designat	ion of the polic	y(ies) indicated b	below on the life of:
Name of Insured				
Account/Policy # (s)				
belief.	changed as specified below. Pleas	-		of your knowledge and
Pr	RIMARY BENEFICIARY DESIGN	ATION - (Plea	ise Print)	
NAME		Date of Birth	Relationship to the Insured	
Address			Telephone	Social Security No.
NAME		Date of Birth	Relationship to the Insured	
Address			Telephone	Social Security No.
NAME		Date of Birth	Relationship to the Insured	
Address			Telephone	Social Security No.
NAME		Date of Birth	Relationship to the Insured	
Address			Telephone	Social Security No.
			-	
NAME		Date of Birth	te of Birth Relationship to the Insured	
Address			Telephone	Social Security No.
If more than one pers designated) to those so r	on is named as Contingent Ben named who survive the Insured an	eficiary, benefi d the Primary I	ts will be paid Designation(s).	in equal shares (if not
	s the Insured the proceeds shall be in the Policy, then to the Insured ing commuted.			
As used herein "insured not assume any responsi	l" shall include "Annuitant." In bility for the validity or sufficienc	recording or ap y of the change	oproving this rec	quest the Company does
OWNER/ASSIGNEE MUST SIGN HERE	Owner/Assignee	(Date)	Witness	
OTHER SIGNATURES	Previous Beneficiary (if irrevocable)	(Date)	Witness	
SPOUSE OF OWNER/	110.1000 Deliciterary (11 Interocable)	(- 200)		signee is married and lives in
ASSIGNEE OF OWNER	Spouse signature required			Property State: AZ, CA, ID,

03-30-359 (Rev. 1112) LP29496-1220(web)