

INSTRUCTIONS

- This form must be completed and forwarded to the Company. A copy, bearing date recorded and signed by the Secretary of the Company, will be returned to you. It should be filed with the policy as evidence of the change of beneficiary.
- Give first name, middle initial, last name and relationship, if any, of the beneficiary to the Insured. If it is an initial name, please state that it is. If the beneficiary is a married woman, give her name as "Mary E. Smith" for example, not "Mrs. John A. Smith".
- Neither the beneficiary nor any person interested in the policy may sign as witness.
- To be completed and returned to the Home Office of the Company at 1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687. DO NOT SEND POLICY.
- Forms cannot be accepted which contain corrections or erasures.