

BENEFICIARY CHANGE FORM

**Administrative Office:
PO Box 13080
Springfield, IL 62791-3080**

Universal Guaranty Life Insurance	(800) 323-0050
UG/Genworth Life & Annuity	(866) 662-2344
IdeaLife Insurance Company	(866) 579-9432
The Independent Order of Vikings	(877) 241-6006

Name of Insured: _____

Policy Number: _____

Name of Owner: _____

Phone: _____

PRIMARY BENEFICIARY	<p>I hereby revoke all prior designations of beneficiary and optional modes of settlement under this policy.</p> <p>Change the beneficiary to: _____</p> <p>Beneficiary Social Security Number: _____ Beneficiary Date of Birth: _____</p> <p>Beneficiary's relationship to the Insured is: _____</p> <p>Address (Please Print): _____ <small>Number and Street City State Zip Code</small></p> <p>Phone Number: _____</p> <p>E-Mail Address: _____</p>
CONTINGENT BENEFICIARY	<p>Change the Contingent Beneficiary to: _____</p> <p>Contingent Beneficiary Social Security Number: _____</p> <p>Contingent Beneficiary Date of Birth: _____</p> <p>Whose relationship to the Insured is: _____</p> <p>Address (Please Print): _____ <small>Number and Street City State Zip Code</small></p> <p>Phone Number: _____</p> <p>E-Mail Address: _____</p>
AFFIRMATION	<p>I hereby affirm that to the best of my knowledge and belief, the following statements are true and correct:</p> <ul style="list-style-type: none"> ▪ Premiums for this policy were funded by personal assets, or any financing agreement was secured by personal assets and disclosed to the Company. ▪ The policy owner made no agreement to settle the policy before or during the first two years after policy issuance. ▪ The policy owner responded truthfully to the Company's inquiry at application regarding whether a life expectancy valuation was obtained and a copy of any evaluation was provided to the Company. ▪ Any financial arrangement, trust or other device that conceals ownership of the policy was disclosed to the Company prior to policy issuance. <p style="text-align: center;">YOUR SIGNATURE BELOW AFFIRMS THAT THESE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE AND BELIEF.</p>

I direct that any endorsement or change of the policy as requested above be effected by return of a confirmation letter with the Company's acknowledgement. I certify that I am not now disabled, and that no proceedings in bankruptcy are pending.

Signature of Policy Owner: _____ /_____/_____ Joint Owner: _____ /_____/_____

*Signature of spouse if community property state
*Community Property States AZ,CA,ID,LA,NV,NM,TX,WA,WI

Witness:(Notary Official): _____ /_____/_____

Stamp or Seal Required