

REQUEST & ENDORSEMENT FOR DESIGNATION OF CONTINGENT OWNER

Policy Number: _____

Insured Name: _____

Owner Name: _____

The owner of the above listed Policy(ies) (the "Owner") requests the Company to revoke all prior designations of a Contingent Owner for the Policy, and designates a Contingent Owner or Owners for the Policy as follows:

PRIMARY CONTINGENT OWNER

This person shall become Owner of the above listed policy(ies) in the event of the death of the Owner(s).

Contingent Owner's Name: _____ Date of Birth: _____

Contingent Owner's Social Security Number or Tax ID Number: _____

Contingent Owner's Mailing Address: _____ / _____
Box Number or Street Address Telephone Number
_____ / _____ / _____
City State Zip

SECONDARY CONTINGENT OWNER

This person shall become Owner of the above listed policy(ies) in the event of the death of the Owner(s) and the Primary Contingent Owner.

Contingent Owner's Name: _____ Date of Birth: _____

Contingent Owner's Social Security Number or Tax ID Number: _____

Contingent Owner's Mailing Address: _____ / _____
Box Number or Street Address Telephone Number
_____ / _____ / _____
City State Zip

Effective upon the death of the Owner, the Owner assigns, transfers and conveys all rights, titles and interest in the Policy, and all monies due, or to become due, and payable under the Policy, and full and complete authority to exercise any and all options, benefits and rights provided in the Policy, including the right to change the beneficiary, to surrender the Policy and to receive and collect the cash surrender value of the Policy, to the Contingent Owner(s) designated above. This Request & Endorsement shall be binding on the Owner's heirs, executors, administrators, and assigns.

Upon the death of the Owner, the Contingent Owner is authorized to receive, collect, and receipt for any money or thing of value due, or to become due, under the Policy, as fully and completely as the Owner might, or could do, if this Request & Endorsement had not been made. The Owner releases the Company from any and all responsibility of determining the validity of this assignment and from any and all liability by reason of the payment of any benefits or monies in accordance with this Request & Endorsement.

This Endorsement is effective when recorded by the Company at its Home Office, but when recorded, is effective as of the date signed by the Owner, without prejudice to the Company for any payment made or action taken by the Company before such recordings. The Owner expressly reserves the right to change the Contingent Owner at any time.

Please Note: This form does not change the beneficiary designation of your policy(ies). To update your beneficiary designation, please contact our Customer Service Department at 1-800-283-9233 extension 6814, or visit us online at www.texaslife.com.

Policy Number: _____

Insured Name: _____

Owner Name: _____

SIGNATURE OF OWNER(S):

For the purpose of this form, a facsimile copy of my signature shall be as valid as an original.

▶ _____
Owner Print Name Date

▶ _____
Witness Print Name Date

▶ _____
Joint Owner, if applicable Print Name Date

▶ _____
Witness Print Name Date

**BOTH PAGES OF THIS FORM MUST BE RETURNED
DO NOT SEND POLICY
FORMS CANNOT BE ACCEPTED WHICH CONTAIN CORRECTIONS OR ERASURES**