

Policy Service Request — Beneficiary Change

Print this form. After completing the form, sign it with an original signature and mail it to the following address:

National Income Life Insurance Company
PO Box 2608
Waco, Texas 76702

Owner	Insured	Policy Number
Owner	Insured	Policy Number
Owner	Insured	Policy Number

Primary Beneficiary — Unless otherwise specified, proceeds are to be paid in equal shares to the survivor(s).

Beneficiary's Full Name (please print)	Relationship	Date of Birth / /
Address (street address, city, state, ZIP)		Proceeds
Beneficiary's Full Name (please print)	Relationship	Date of Birth / /
Address (street address, city, state, ZIP)		Proceeds
Beneficiary's Full Name (please print)	Relationship	Date of Birth / /
Address (street address, city, state, ZIP)		Proceeds
Beneficiary's Full Name (please print)	Relationship	Date of Birth / /
Address (street address, city, state, ZIP)		Proceeds
Beneficiary's Full Name (please print)	Relationship	Date of Birth / /
Address (street address, city, state, ZIP)		Proceeds

Contingent Beneficiary — To be paid if no surviving Primary Beneficiary at the time of death. Unless otherwise specified, proceeds are to be paid in equal shares to the survivor(s).

Contingent Beneficiary's Full Name (please print)	Relationship	Date of Birth / /
Address (street address, city, state, ZIP)		Proceeds

Contingent Beneficiary's Full Name (please print)	Relationship	Date of Birth / /
Address (street address, city, state, ZIP)		Proceeds

Contingent Beneficiary's Full Name (please print)	Relationship	Date of Birth / /
Address (street address, city, state, ZIP)		Proceeds

Contingent Beneficiary's Full Name (please print)	Relationship	Date of Birth / /
Address (street address, city, state, ZIP)		Proceeds

Contingent Beneficiary's Full Name (please print)	Relationship	Date of Birth / /
Address (street address, city, state, ZIP)		Proceeds

Comments

Printed Name of Policy Holder	
Signature of Policy Holder	Date Signed