



AMERICAN FRATERNAL UNION

PO Box 59 • Ely, MN 55731-0059 • (218) 365-3143

CHANGE OF BENEFICIARY

(Do Not Submit Policy)

Name of Insured	Policy Number
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The American Fraternal Union is hereby requested to change the beneficiary on this certificate. Notice is hereby given that all previous beneficiary designations and optional settlement agreements are revoked and that the beneficiary designation shall be as follows:

Primary Beneficiaries (Please Print) <i>(See Instructions)</i>	Relationship to Insured	Date of Birth
Contingent Beneficiaries (Please Print) <i>(See Instructions)</i>	Relationship to Insured	Date of Birth

NOTE: Beneficiaries cannot sign as witnesses.

The right to change the beneficiary is _____ reserved to the Policyowner. Unless otherwise provided herein, the net proceeds of the policy shall be divided equally among the primary beneficiaries who are alive at the death of the Insured, but if no primary beneficiary survives the Insured, then the net proceeds shall be divided among the contingent beneficiaries who are alive at the death of the Insured. If no designated beneficiary survives the Insured, the net proceeds shall be paid to the Insured's estate.

Date

Signature of Policyowner

Witness to Signature of Policyowner

Signature of Beneficiary or Spouse
(See Instructions)

Witness to Signature of Beneficiary or Spouse

Notice: The change shall be effective as of the date of completion of the notice but without prejudice to the Company on account of any payment made by it before receipt of notice at its Home Office. If any beneficiary predeceases the Insured, his or her interest shall vest in the owner of the policy unless otherwise provided.

Home Office Acknowledgement (Do not write below this line)

The above has been filed at the Home Office of the American Fraternal Union

Examined by _____
Date _____

National Secretary _____

INSTRUCTIONS FOR CHANGE OF BENEFICIARY

NOTE: The signature of the beneficiary is not necessary unless the right to change the beneficiary was not reserved to the Policyowner or unless this policy is subject to the community property laws of the states of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin, in which case the signature of the Policyowner's spouse is required.

Send only this completed form to the Home Office in Ely, MN. **Do not send the policy.** The Company will make a copy of the approved form and send it to the Policyowner to be filed with the policy.

Always give own Christian name of married woman. Do not give name as "Mrs. John Doe".

JUVENILE POLICIES

If the policy was issued at age 15 or under and the Insured has not attained age 16, the form must be signed by the Policyowner, if living, otherwise by the legally appointed guardian of the Insured.

EXAMPLES OF CORRECT PRIMARY BENEFICIARY DESIGNATIONS

PROCEED DIVIDED EQUALLY

Mary Doe	Wife	January 1, 1950
Jane Doe	Mother	February 3, 1920
Richard Doe	Business Partner	April 3, 1950

UNEQUAL PROCEEDS

75% to Jane Doe	Sister	March 15, 1950
25% to William Doe	Brother	July 30, 1949

TRUSTEE BENEFICIARY

The A B C Trust Company, Trustee, under written Trust Agreement dated August 1, 1999.

EXAMPLES OF CORRECT CONTINGENT BENEFICIARY DESIGNATION

John Doe	Son
John Doe	Son
Mary Doe	Daughter

COMMON DIASTER CLAUSE

Mary Doe	Wife	January 1, 1950
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If living on the 30th day after the death of the Insured; otherwise to John Doe, Son, if living; otherwise to the Policyowner or his estate.