

**DIRECTORS LIFE ASSURANCE COMPANY  
CHANGE OF CONTINGENT BENEFICIARY**

Policy Number: \_\_\_\_\_ Policy Issue Date: \_\_\_\_\_

In accordance with the terms of Policy Number \_\_\_\_\_ issued on the life of \_\_\_\_\_, the Company is hereby requested to revoke any previous Contingent Beneficiary designation and settlement agreement and change the Contingent Beneficiary as designated in the space provided below.

It is understood that this change will become effective upon approval by the Company at its Home Office. It is further understood that the privilege of changing the Contingent Beneficiary, conferred upon me in said policy, is not encumbered by any bankruptcy proceedings against me or by any pledge or assignment of said policy for the benefit of creditors or otherwise.

Name of CONTINGENT BENEFICIARY \_\_\_\_\_

CONTINGENT BENEFICIARY relationship to Insured \_\_\_\_\_

CONTINGENT BENEFICIARY Address \_\_\_\_\_

CONTINGENT BENEFICIARY Telephone Number \_\_\_\_\_

Dated at \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_,  
City and State  
\_\_\_\_\_.

\_\_\_\_\_  
Policy Owner Signature

\_\_\_\_\_  
Witness Signature

Recorded and accepted by the Home Office on \_\_\_\_\_, \_\_\_\_\_

Officer of the Company \_\_\_\_\_

**DIRECTORS LIFE ASSURANCE COMPANY**  
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