



MUTUAL TRUSTSM
LIFE INSURANCE COMPANY

A Pan-American Life Insurance Group Stock Company

1200 JORIE BOULEVARD
OAK BROOK, ILLINOIS 60523-2269
1-800-323-7320
WWW.MUTUALTRUST.COM

Request for Change of Beneficiary

Named Insured _____ Taxpayer ID Number _____
Last First MI

Policyowner's Name _____ Taxpayer ID Number _____
Last First MI

Policy Number(s) _____

Primary Beneficiary Designation: All surviving Primary Beneficiaries will receive equal amounts of the proceeds unless percentages are indicated. If more than one Primary Beneficiary is named the percentage must equal 100%.

			<u>Percentage</u>
Full Legal Name _____	Relationship to Insured _____	Date of Birth _____	_____
Street Address _____	City _____ State _____	Zip Code _____	_____
Full Legal Name _____	Relationship to Insured _____	Date of Birth _____	_____
Street Address _____	City _____ State _____	Zip Code _____	_____
Full Legal Name _____	Relationship to Insured _____	Date of Birth _____	_____
Street Address _____	City _____ State _____	Zip Code _____	_____

Contingent Beneficiary Designation: If the Primary Beneficiary(s) is/are not living at the time of Insured's death, proceeds shall be paid to the following Contingent Beneficiary(s). All surviving Contingent Beneficiaries will receive equal amounts of the proceeds unless percentages are indicated. If more than one Contingent Beneficiary is named the percentage must equal 100%.

			<u>Percentage</u>
Full Legal Name _____	Relationship to Insured _____	Date of Birth _____	_____
Street Address _____	City _____ State _____	Zip Code _____	_____
Full Legal Name _____	Relationship to Insured _____	Date of Birth _____	_____
Street Address _____	City _____ State _____	Zip Code _____	_____

I understand and agree that: i) this request will revoke all previous beneficiary designations; ii) unless otherwise specified, payment will be made in equal shares to all living beneficiaries; iii) if a beneficiary dies at the same time as the insured or within ten days after the insured, payment will be made as if the beneficiary predeceased the insured; iv) the word "Insured" shall also mean "Annuitant;" v) if more than one beneficiary is designated, the share of a beneficiary who predeceases the insured shall be paid equally among the surviving beneficiaries; vi) the interest of any beneficiary will be subject to the interest of any assignment on record with Mutual Trust Life Insurance Company, a Pan-American Life Insurance Group Stock Company; and vii) if a trust is named beneficiary, Mutual Trust Life Insurance Company's payment of the proceeds to the trustee will discharge Mutual Trust Life Insurance Company from any further liability to the extent of such payment. Mutual Trust Life Insurance Company will be under no duty to determine the authority of the trustee with respect to the policy proceeds nor will have any duty to determine whether the trustee properly used the policy proceeds.

RESIDENTS OF COMMUNITY PROPERTY STATES: If the policyowner is or was a resident of a community property state, the policyowner's spouse or former spouse may have an interest this policy. It is the policyowner's responsibility to consult a legal advisor to determine if the policyowner needs a spouse or former spouse's consent to change the beneficiary under this policy, ensure that any required consent from a spouse or former spouse is secured, and ensure that the spouse or former spouse will be unable to make a claim against any policy values or proceeds. If the policyowner's spouse or former spouse has a community interest in this policy, the policyowner assumes the responsibility of having the spouse or former spouse who retains such interest in the policy sign his or her name on the "Other Required Signature" line below. Unless Mutual Trust Life Insurance Company has been notified of a community property interest in this policy, Mutual Trust Life Insurance Company shall be entitled to rely on its good faith belief that no such community property interest exists if there is no signature on the "Other Required Signature" line below and therefore assumes no duty or responsibility for inquiry. The policyowner signing this form agrees to indemnify and hold Mutual Trust Life Insurance Company harmless from the consequences of accepting and processing this form in reliance upon the representations of the policyowner.

CORPORATIONS AND TRUSTS AS OWNERS: If the policyowner is a corporation or trust, the authorized corporate representative/trustee must sign and indicate his or her title. By signing, the corporate representative/trustee certifies that he/she is authorized to sign and will indemnify and hold Mutual Trust Life Insurance Company harmless for its reliance upon such representations, without the duty to conduct further inquiry.

Mutual Trust Life Insurance Company welcomes any and all questions at (800) 323-7320 x 5060.

_____	_____	_____	_____
(Other Required Signature)	Date	(Policyowner Signature)	Date
_____	_____	_____	_____
		(Co-Policyowner Signature)	Date



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Changing the Beneficiary

The primary beneficiary is the person or entity designated to receive the proceeds of an insurance policy or annuity upon the death of the Insured or Annuitant. The contingent beneficiary receives proceeds if the primary beneficiary is not living. The policyowner chooses the beneficiary and may change the arrangement by submitting a completed **Request for Change of Beneficiary Form #4160** to the Company.

You may find the following sample designations helpful when completing the change form:

1. To an individual

Primary Beneficiary

David Allen Jones

Spouse

Contingent Beneficiary

Children of the Insured

or Children of the marriage of the Insured and ...

note: remember to include names/addresses for all current

2. To more than one individual

Primary Beneficiary

David Allen Jones

Spouse

Mother

Contingent Beneficiary

Karen Blake

Estate of the Insured

3. Percentages (must total 100%)

*Primary Beneficiary**

75% to David Allen Jones

15% to Karen Blake

10% to Jane Burton

Spouse

Mother

Friend**

Contingent Beneficiary

Estate of the Insured

(*The share of a beneficiary who predeceases the insured shall be paid equally, survivors or survivor)

(**requires address and Social Security Number of beneficiary)

4. Fractions (must total 1)

*Primary Beneficiary**

2/3 to David Allen Jones

1/3 to Karen Blake

Spouse

Mother

Contingent Beneficiary

Estate of the Insured

(*or All to the survivor)

5. A Testamentary Trustee

Primary Beneficiary (with contingency arrangement)

The trustee appointed under the Insured's will, or any successor in trust, provided that if satisfactory proof of the appointment or qualification of such trustee is not submitted to the Company within 12 months following the Insured's date of death, payment shall be made to the estate of the Insured, all responsibility of the Company to cease on payment either to such trustee or the estate of the Insured.

6. To a Living Trust

Karen Blake, trustee of the Blake Family Trust, dated January 1, 2002

7. To a Business

Primary Beneficiary

Randall & Davis, a Corporation of Oak Brook, Illinois Employer

8. To a Bank or a Funeral Home**

Star Bank (Harmon Funeral Home), as its interest may appear; balance to David Allen Jones, spouse.

(**requires address of the bank or funeral home)

Call our Home Office at 800-323-7320 for assistance with any beneficiary question.