INDEPENDENT LIFE INSURANCE COMPANY
P.O. Box 679053
Dallas, Texas 75267-9053
Telephone: (800) 793-0848
Fax: (214) 666-4833

Policy/Contract Number:

CONTINGENT PAYEE DESIGNATION / CHANGE REQUEST

1. MEASURING LIFE INFORMATION

FIRST NAME | LAST NAME

STREET ADDRESS | CITY | STATE | ZIP

TELEPHONE NUMBER | BIRTH DATE | SSN

2. NEW CONTINGENT PAYEE DESIGNATION INFORMATION

(Contingent Payee: the person(s) to receive the remainder of the proceeds in the event the payee dies. Attach additional sheet if necessary.)

NAME | RELATIONSHIP | %

STREET ADDRESS | CITY | STATE | ZIP

TELEPHONE NUMBER | BIRTH DATE | SSN

NAME | RELATIONSHIP | %

STREET ADDRESS | CITY | STATE | ZIP

TELEPHONE NUMBER | BIRTH DATE | SSN

NAME | RELATIONSHIP | %

STREET ADDRESS | CITY | STATE | ZIP

TELEPHONE NUMBER | BIRTH DATE | SSN

3. AUTHORIZATION

I request that the contingent payee(s) be changed in accordance with the contract's provisions. I represent that all statements and information contained herein are true and complete to the best of my knowledge and belief. This request replaces all prior contingent payee designations which are hereby revoked. This request relates only to the contract referenced above and no other contracts.

4. SIGNATURES

PAYEE OR GUARDIAN SIGNATURE | PRINT NAME | DATE (mm/dd/yy)

WITNESS SIGNATURE
(must be a third party, disinterested adult) | PRINT NAME | DATE (mm/dd/yy)

6. INSTRUCTIONS

This form should be printed, completed in full, signed by the payee or legal representative (if the individual signing is not the payee, legal documentation must accompany this request), and then submitted to Independent Life Insurance Company via email, fax, or mail.

Email: documents@Independent.Life

Fax: (214) 666-4833

Mail: Independent Life Insurance Company
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