BENEFICIARY CHANGE FORM

Administrative Office: PO Box 410 Stanford, KY 40484-0410

Universal Guaranty Life Insurance UG/Genworth Life & Annuity IdeaLife Insurance Company The Independent Order of Vikings

*Signature of spouse if community property state

*Community Property States AZ,CA,ID,LA,NV,NM,TX,WA,WI

(800) 323-0050 (866) 662-2344 (866) 579-9432 (877) 241-6006

of Owner:		Pho	ne:	
PRIMARY BENEFICIARY	I hereby revoke all prior designations of beneficial Change the beneficiary to:	City	neficiary Date of Bin	zip Code
CONTINGENT BENEFICIARY	Change the Contingent Beneficiary to: Contingent Beneficiary Social Security Number: Contingent Beneficiary Date of Birth: Whose relationship to the Insured is: Address (Please Print): Number and Street Phone Number: E-Mail Address:	City		
AFFIRMATION	 I hereby affirm that to the best of my knowledge and belief, the following statements are true and correct: Premiums for this policy were funded by personal assets, or any financing agreement was secured by perso assets and disclosed to the Company. The policy owner made no agreement to settle the policy before or during the first two years after policy issuance. The policy owner responded truthfully to the Company's inquiry at application regarding whether a life expectance valuation was obtained and a copy of any evaluation was provided to the Company. Any financial arrangement, trust or other device that conceals ownership of the policy was disclosed to the Company prior to policy issuance. YOUR SIGNATURE BELOW AFFIRMS THAT THESE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE AND BELIEF. 			

Stamp or Seal Required

Witness:(Notary Official):_