Madison National Life

CHANGE OF BENEFICIARY REQUEST

Return to:
National Insurance Services
250 S. Executive Drive
Brookfield, WI 53005-4273
Attn: Billing Dept.

Under and subject to the terms of Group No. _____, the insured hereby revokes any former designation of beneficiary and now designates as beneficiary(ies):

Your Death Benefits are to be paid to: **PRIMARY BENEFICIARY(IES)**			*If Primary Beneficiary(ies) is/are not living at the time of your death, benefits are to be paid to:* **SECONDARY BENEFICIARY(IES)**		
NAME (Last, First, Middle)	RELATIONSHIP	PERCENT OF BENEFIT	NAME (Last, First, Middle)	RELATIONSHIP	PERCENT OF BENEFIT

PLEASE NOTE:
Naming a minor as a beneficiary can sometimes be a problem. The insurance company cannot pay a 'Natural Guardian', it can only pay a 'Legal Guardian'. Legal guardians must be appointed by the courts. If a legal guardian is not appointed, benefits due to a minor will remain on deposit with the insurance company earning interest until the minor reaches legal age.

The insurance proceeds shall be payable at my death in one sum unless specifically provided otherwise by my written request.

_____ *Name of Insured*

_____ *Social Security Number*

Dated this _____ day of _____, 20 _____

_____ *Signature of Insured*

_____ *Signature of Spouse**

_____ *Signature of Witness*

_____ *Name of Group*

*If you reside in a community property state, it may be unlawful to name someone other than your spouse as your beneficiary without your spouse's consent. Community property states include, but may not be limited to: AZ, CA, ID, LA, NM, NV, TX, WA and WI.

The Company hereby consents to the change of beneficiary above and has amended its records.

Date _____

Signature on File
President – Madison National Life Insurance Company

TRUST ADMINISTRATOR

National Insurance Services
250 South Executive Drive
Brookfield, WI 53005-4273
1-800-627-3660

PLAN UNDERWRITER

Madison National Life Insurance Co.
P.O. Box 5008
Madison, WI 53705
1-800-356-9601