

Horace Mann Life Insurance Company

1 Horace Mann Plaza
Springfield, Illinois 62715-0001

Life, Annuity and Group insurance beneficiary change request form

Signature Requirements. Please read the instructions on the reverse side before completing this form.

1. The present owner of the policy must sign the change form.
2. If policy is jointly owned, both owners must sign the change form.
3. If current beneficiary designation is irrevocable, change form must also be signed by irrevocable beneficiary.
4. If the policy was issued in a Community or Marital Property state (AZ, CA, ID, LA, NV, NM, TX, WA and WI), the owner's spouse must also sign the change form.

Change the beneficiary(ies) on the policy(ies) listed below for the Insured named below:

Insured name _____
 Insured address _____ City _____ State _____ Zip _____
 Phone # _____ Social Security Number _____ - _____ - _____
 Policy #(s) _____

Is this a joint policy? Yes No If Yes, in order to change beneficiaries for both insureds, both insureds/owners must complete a separate beneficiary change form and they must both be signed by both insureds/owners. If Yes, please indicate the joint insured's name _____

I hereby revoke all prior designation(s) of beneficiary(ies) for the Insured and policy(ies) listed above and designate the beneficiary(ies) named below for the insured and policy(ies) listed above.

Primary Beneficiary(ies)			Birth date	Benefit
Name	Relationship	SS#	(mm/da/yr)	Percentage
Name _____	_____	____ - ____ - ____	___/___/___	_____%
Address _____	City _____		St _____	ZIP _____
Name _____	_____	____ - ____ - ____	___/___/___	_____%
Address _____	City _____		St _____	ZIP _____
Contingent Beneficiary(ies)			Birth date	Benefit
Name	Relationship	SS#	(mm/da/yr)	Percentage
Name _____	_____	____ - ____ - ____	___/___/___	_____%
Address _____	City _____		St _____	ZIP _____
Name _____	_____	____ - ____ - ____	___/___/___	_____%
Address _____	City _____		St _____	ZIP _____

If additional space is needed to list all beneficiaries, please write above "see attached beneficiary listing" and attach a separate listing of all beneficiaries, clearly identifying whether they are primary or contingent beneficiaries.

I understand that when this properly completed request is received by Horace Mann Life Insurance Company, this change of beneficiary will take effect as of the date this request was signed, subject to any payment made or other action taken before receipt. When this change takes effect, it will cancel all prior beneficiary designations and any preselected settlement options payable under the policy(ies) indicated above upon the death of the Insured named above.

Owner's signature _____ Date _____ Joint Owner or other required signatures _____ Date _____

Spouse's signature (Required if Community/Marital Property State) _____ Date _____

Mail your completed beneficiary change request form to:

Horace Mann Life Insurance Company, 1 Horace Mann Plaza, Springfield, IL 62715-0001. For customer assistance call: 800-999-1030.

Return both copies to Horace Mann.

General Provisions:

- A. In completing this form, the term “policy” includes “contract”, “certificate”, and “annuity”. The term “insured” includes “annuitant” and “payee”. The “owner” is the Insured, unless otherwise designated under the policy. A joint policy provides insurance on two insureds, and is usually jointly owned.
- B. Order of payment — Unless prohibited by law, the company will make payment to any Primary beneficiary(ies) who, according to the policy, survives an Insured. If no Primary beneficiary survives an Insured, the company will make payment to any Contingent beneficiary who, according to the policy, survives an Insured. If no beneficiary survives, according to the policy, the company will pay benefits according to the policy provisions.
- C. Settlement with multiple beneficiaries — Reference to “beneficiary” will apply to all surviving members for the same class (i.e. Primary, Contingent, etc.). If one or more members, but not all, of a class predeceases the Insured, his or her share will be divided among the surviving members of a class unless the owner(s) designates otherwise. The company will pay proceeds to members of the same class in equal shares unless the owner designates otherwise. If proceeds are to be paid to beneficiaries in unequal shares, each beneficiary’s share must be indicated as a percentage of the total proceeds.
- D. The completion of this form changes all beneficiaries of the named Insured under the indicated policy number (s). The beneficiary for a Children’s Term Rider will not be changed, unless such change is specifically requested by the owner.

Some elements of Group coverage, such as Basic Life and Optional Life, may share a common policy number. To include a separate beneficiary for each type of coverage, please attach a separate sheet listing all beneficiaries and identifying the type of coverage.

- E. Beneficiary Insurability Benefit Rider — the person named as the Designated Life in the Beneficiary Insurability Benefit Rider must be a beneficiary of an Insured. This rider will terminate if the person named is no longer a beneficiary.

Special Instructions:

1. Beneficiary designation:

- a. Do not use initials or nicknames when naming beneficiaries. A married woman should be shown as “Mary Ann Brown”, not Mrs. Thomas E. Brown”.
- b. Creditor as beneficiary — Naming a creditor as a beneficiary of a policy may not be in the owner(s) best interest. The company suggests that such a designation be discussed with a personal advisor.
- c. Partnership as beneficiary — State the firm’s name, address, and the names of all partners. (Example: “XYZ Paint Store, 100 N. Main, Chicago, Illinois, a partnership consisting of Thomas Earl Brown and John Edward Smith.”)
- d. Corporation as beneficiary — State the firm’s name, address and the state in which the firm is incorporated (Example: XYZ Paint Store, 100 N. Main, Chicago, Illinois, a corporation organization under the laws of Illinois.”)
- e. Trust as beneficiary — State the exact name of the trust and the date that the trust was executed. The company assumes no responsibility for the legality of the trust or its terms; however, at the time of claim the company may require a certified copy of the trust document. Upon payment of the proceeds to the trustee, the company shall be discharged from any further liability.
- f. Minor as beneficiary — children may be named as Primary or Contingent beneficiary(ies); however, where required by applicable law, no payment will be made to a minor until the court has appointed a guardian of the minor’s estate. In such cases, a certified copy of the court document naming a guardian must be submitted with the claim form signed by the guardian.

Note: Do not designate as beneficiary the individual named as guardian/trustee for a minor beneficiary. If you do so, the policy proceeds will be paid directly to the individual named and not to the trust or estate of the minor.

- g. Unborn or unnamed children as beneficiary — to eliminate the necessity of changing the beneficiary each time a child is born or adopted, a statement similar to one of the following may be used. “Children born of the Insured’s marriage to Mary Jones, wife” or “Children born and/or legally adopted of the Insured’s marriage to Mary Jones, wife”.
- h. Complicated beneficiary designation — if there is any question about the beneficiary designation or how it should be worded to produce the desired effect, present the desired beneficiary designation to the home office in narrative form, or call 800-999-1030 for customer assistance.