

BENEFICIARY DESIGNATION FORM

Instructions to the policyowner:

1. Fill out this form completely. Please print clearly. You must designate a primary beneficiary. You may also choose to designate contingent beneficiaries who would receive benefits in case of the death of the primary beneficiary. You may designate a trust as a beneficiary.
2. Obtain the necessary signatures in ink. If you are married and live in a state that has community property laws, the form must be signed by your spouse. It must also be signed by a witness, who must be someone other than the insured, a designated beneficiary, and yourself.
3. Attach the necessary documents. If your policy has a cash draft (located on the Policy Schedule page of your policy), attach the cash draft so that it can be reissued.
4. Mail both copies of the form to Colonial Life & Accident Insurance Company, P. O. Box 1365, Columbia, SC 29202.

Insured's name _____ Social Security No. _____
 Policy Number(s) _____

I hereby request cancellation of all prior beneficiary designations for the above-mentioned policy(s). The death proceeds of the above-mentioned policy(s) and all attached riders are to be paid to the beneficiary(s) designated below.

Primary Beneficiary _____ Age _____

Relationship to Insured _____ Social Security No. _____

Street Address _____

City _____ State _____ Zip _____

First Contingent Beneficiary _____ Age _____

Relationship to Insured _____ Social Security No. _____

Street Address _____

City _____ State _____ Zip _____

Second Contingent Beneficiary _____ Age _____

Relationship to Insured _____ Social Security No. _____

Street Address _____

City _____ State _____ Zip _____

Community Property Release

(Required only in states with community property laws: AZ, CA, HI, ID, LA, NV, NM, TX, WA and WI.)

By signing below, you the spouse/former spouse agree to the changes indicated above and:

Give up all your rights to this policy according to the community property laws in your state.

Do not give up your rights to this policy.

Signature of spouse _____ Date _____
(MM/DD/YYYY)

Check here when no signature is required, because:

Policyowner is single (never married) Spouse is deceased

Cash Draft

My policy's cash draft is attached. Please reissue it with the new beneficiary designated.

If you do not attach your policy's cash draft, the company will reissue a cash draft with the beneficiary listed as "On File With Colonial." When you receive the new cash draft, the original will no longer be valid.

Payment will be made only to the primary beneficiary, unless specified otherwise. In case of the death of the primary beneficiary, payment will be made only to the first contingent beneficiary. In case of death of both the primary and the first contingent beneficiary, payment will be made only to the second contingent beneficiary. If there are no survivors, payment will be made according to the policy provisions. If more than one primary or contingent beneficiary is named, payment will be divided equally or made to the survivor, unless specified otherwise. This request is subject to the provision of the policy.

Signature of policyowner _____ Date _____

Street Address _____ Daytime Telephone _____
(MM/DD/YYYY)

City _____ State _____ Zip _____

Signature of witness _____ Date _____
(MM/DD/YYYY)

For Home Office Use Only

Endorsed on _____ Colonial Life & Accident Insurance Co. by _____
(MM/DD/YYYY)