

ELECTION OF CHANGE OF BENEFICIARY AND/OR REQUEST FOR NAME CHANGE
GOLDEN STATE MUTUAL LIFE INSURANCE COMPANY
HOME OFFICE - LOS ANGELES, CALIFORNIA 90051

SEE OTHER SIDE FOR INSTRUCTIONS

Name and Address of person to whom copy of Change is to be mailed. (please print) _____ NAME _____ NO. & STREET _____ CITY STATE ZIP CODE _____	Policy Number _____ Name of Insured _____ Owner (if other than the Insured) _____ NOTE: The signature of the Owner of this Policy must be witnessed by another person. If the Owner of this Policy uses an "X" mark as his/her signature, the signature must be witnessed by two (2) persons.
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In accordance with the provisions of this Policy, I hereby elect to change the beneficiary as follows:

	Name	Date of Birth	Relationship to Insured (If not a relative, furnish address.)
PRIMARY BENEFICIARY(IES): If more than one, sharing equally, or to the survivor, unless otherwise provided.	_____	_____	_____
CONTINGENT BENEFICIARY(IES): (If any) If more than one, sharing equally, or to the survivor, unless otherwise provided.	_____	_____	_____

Change the name of the:

Insured to: _____

Owner to: _____

Reason for Change: _____
 Marriage, Court Decree, Adoption, etc.

If this Policy now requires endorsement for a change of beneficiary to be effective, I the undersigned hereby request that this Policy contract be amended as follows:

POLICY AMENDMENT

- Any provisions of the Policy requiring that it be endorsed for the above changes to be effective are hereby waived.
- When this Election of Change of Beneficiary is received at the Home Office, the change shall take effect as of the date this election was executed by the undersigned, but without prejudice to the Company on account of any payment made, or any action taken or permitted by the Company before such filing and acknowledgement.

I hereby revoke all former designations. I make this election subject to all of the conditions and provisions of this Policy as well as any existing assignment and, unless otherwise provided by me in this application for change of beneficiary, I reserve the right to make other changes at any time I may elect. I agree that all decisions upon questions of fact in determining any unnamed beneficiaries herein designated, made by the Company in good faith, based on proof of affidavit or other written evidence satisfactory to it, shall be conclusive and fully protect the Company in acting in reliance thereon.

This Election of Change of Beneficiary is invalid if signed by any person other than the Owner of this Policy. However, the Company has made no examination of the signature of the Owner of this Policy on this Election of Change of Beneficiary and the Company makes no warranties with respect to the authenticity of the Policy Owner's signature even though the Company may acknowledge receipt of this Election of Change.

Acceptance and acknowledgement of this change form by the Company does not certify that the policy is in force. If a policy STATUS REPORT is desired, a separate written request is required.

Signature of Agent or other Witness _____ Executed at _____ on _____

Signature of Second Witness, if required _____ Signature of Owner of Policy _____

DISTRICT OFFICE USE

Agent's Debit No. _____ Checked and sent to Home Office by _____ Date _____

ACKNOWLEDGEMENT

The above change has been received and filed at the Home Office of this Company on _____

Countersigned by _____

GOLDEN STATE MUTUAL LIFE INSURANCE COMPANY

 Secretary

INSTRUCTIONS FOR CHANGE OF BENEFICIARY

1. The Owner should sign in ink exactly as the name is given in the Policy or Application therefor, except that if a female Owner has changed her name by marriage since issue of the Policy, her husband's surname should be added to her name as given in the Policy. The form must be dated.
2. The full name, date of birth, and relationship of the proposed beneficiary to the Insured should be furnished. If the proposed beneficiary is a married woman, her first name and middle initial must be furnished. If a beneficiary is not a relative of the Insured, furnish mailing address. Designations such as surviving spouse, issue, lawful issue, heirs, lawful heirs should not be used.
3. Unnamed children may be named beneficiaries, including those who may be born in the future of a certain marriage. If any children of a previous marriage are to be included, their names must be given. Children adopted during a certain marriage may be included by adding the phrase as shown in sample "D" below.
4. Lawful children may be designated as beneficiaries, including lawful children who may be born in the future. This can be done by designating the beneficiaries as "lawful children of the Insured." Lawful children include all of the Insured's children born or adopted of any marriage. It is preferable that the names of any lawful children of a previous marriage be furnished.
5. Creditor beneficiaries may be designated; however, it is preferable to protect a creditor by collateral assignment instead of by a beneficiary arrangement. Since the creditor designation indicates that the beneficiary has more than a beneficial interest in the policy, consent of the creditor may be required for any changes. **Note:** If a creditor is named beneficiary, the designation must show who is to receive the remainder of the proceeds, if any. (See "I" below.)
6. If the Policy is owned by a partnership, the name of the **partnership** should be shown above the signature space, followed by the **signatures of all partners**, each designated as "partner."
7. If the Policy is owned by a **corporation**, the corporate name should be shown below above the signature of the officer authorized to sign for the corporation. A certified copy of a **resolution by the Board of Directors** authorizing the transaction and designating the officer authorized to sign should accompany the completed Application.
8. **The Policy should not be submitted unless requested by the Company.**
9. A separate form is required for each Policy involved.

DESCRIPTION

SAMPLE INSERTIONS FOR COMPLETING FORM

DESCRIPTION		SAMPLE INSERTIONS FOR COMPLETING FORM		
A. Insured's estate	Primary:	Executors or Administrators of the Insured		
B. Primary, no Contingent	Primary:	Jane E. Doe	(Date of Birth)	Wife
C. Primary, two Contingents	Primary:	John B. Doe	(Date of Birth)	Father
	Contingent:	Robert P. Doe	(Date of Birth)	Son
		Lisa A. Doe	(Date of Birth)	Daughter
D. Children born of the marriage (and adopted children of the marriage)	Primary or Contingent:	Lisa A. Doe	(Date of Birth)	Daughter
		and any other children born of the marriage of the Insured and * (or legally adopted by the Insured and * during their marriage). * Enter spouse's name.		
E. Lawful children	Primary or Contingent:	Lisa A. Doe	(Date of Birth)	Daughter
		and any other lawful children of the Insured.		
F. Trustee as Primary when there is a Written Trust	Primary:	ABC Bank, Los Angeles, California, as Trustee Date of Trust _____ (The date of the Trust Agreement must be furnished.)		
G. Corporation	Primary:	ABC Corporation (address _____.)		
H. Partnership	Primary:	ABC Company, a partnership (address _____.)		
I. Creditor	Primary:	XYZ Bank (address), as their interest may appear but not in excess of the Policy proceeds. The remainder of the proceeds, if any, to Robert P. Doe, son of the Insured.		
J. One Primary, irrevocable	Primary:	Jane E. Doe	(Date of Birth)	Wife
		without right of revocation		

INSTRUCTIONS FOR CHANGE OF NAME

In addition to a completed copy of this form, the Company requires documented proof of name changes that have resulted from court action or amended birth record. These documents will be photocopied and the originals returned to the Policy Owner promptly.