



MOUNTAIN LIFE INSURANCE COMPANY
P.O. BOX 240, ALCOA, TN 37701
PHONE: 800-888-6542

BENEFICIARY DESIGNATION / CHANGE OF BENEFICIARY
GROUP ACCIDENTAL DEATH INSURANCE

| | | |
|--------------------------------------|---------------------------|-------------------------|
| NAME OF MEMBER (FIRST, MIDDLE, LAST) | ACCOUNT NUMBER | |
| NAME OF NEW BENEFICIARY _____ | RELATIONSHIP _____ | PERCENTAGE _____ |
| GROUP POLICY HOLDER | POLICY NUMBER | |
| SIGNATURE OF MEMBER | DATE SIGNED | |

This change will be effective on the date of member's signature when received by the Group Policy Holder.

If more than one person is designated as beneficiary and their respective interests are not specified, they will share equally.

This Beneficiary Designation / Change of Beneficiary shall serve to revoke all previously named beneficiaries by the member under the Master Policy.

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|---------------|---------------------|-------------------------|
| DATE RECEIVED | GROUP POLICY HOLDER | RECEIVED BY (SIGNATURE) |
|---------------|---------------------|-------------------------|

Group Policy Holder is to retain this document in Member's File.