



MOUNTAIN LIFE INSURANCE COMPANY
 2416 SIR BARTON WAY SUITE 110, LEXINGTON, KY 40509
 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.

DATE RECEIVED	GROUP POLICY HOLDER	RECEIVED BY (SIGNATURE)
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Group Policy Holder is to retain this document in Member's File.