



**CINCINNATI EQUITABLE LIFE  
INSURANCE COMPANY**

**CINCINNATI EQUITABLE LIFE INSURANCE COMPANY  
CHANGE OF BENEFICIARY**

To be attached to Policy Number \_\_\_\_\_ on the life of \_\_\_\_\_, the Cincinnati Equitable Life Insurance Company (herein called the "Company") is hereby requested to revoke all prior beneficiary designations and optional methods of settlement, if any, and change the beneficiary of said policy as follows:

First Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Unless otherwise provided herein, the proceeds shall be paid in a lump sum to the Primary Beneficiary, if living, otherwise to the First Contingent Beneficiary, if living, otherwise to the Second Contingent Beneficiary if living, otherwise as provided in the policy. If there is more than one beneficiary designated either by name or class of the same rank (Primary, First Contingent or Second Contingent) payment shall be made in equal shares to all beneficiaries of such rank who survive the insured, unless otherwise provided herein. All reference to "Beneficiary" herein shall apply to all beneficiaries of the same rank when there is more than one.

If this Request shall make any provision for children of any person as a class, the phrase shall include only lawful children of that person, including any legally adopted child, except as the term "child" or "children" shall be otherwise specifically defined in this Request.

The Company in determining the persons comprising any class designated as beneficiary hereunder, or any facts relating to any person or beneficiary mentioned herein either as a class or otherwise, may rely solely upon proof by affidavit or other evidence deemed satisfactory to it and any payment made by the Company in reliance thereon shall, to the extent of such payment, be a valid discharge of the Company's obligation under the policy.

I hereby request that any provision of said policy requiring that it be submitted to the Company for endorsement of change of beneficiary thereon be waived.

This change of beneficiary shall be effective only when recorded by the Company at its Home Office, but when so recorded shall take effect as of the date signed by the owner, without prejudice to the Company on account of any payment made or other action taken by the Company before such recording.

I make this change in accordance with the provisions of said policy and subject to the above conditions as well as any existing assignment and, unless otherwise provided by me in this request, I expressly reserve the right to again change the beneficiary at any time I may elect.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Owner  
I/We hereby consent to the foregoing

\_\_\_\_\_  
Witness

\_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_

This space for Home Office use only.

CINCINNATI EQUITABLE LIFE INSURANCE COMPANY

\_\_\_\_\_  
Date Recorded

By: \_\_\_\_\_

DO NOT SEND POLICY

Forms cannot be accepted which contain corrections or erasures

Cincinnati Equitable Life Insurance Company, P.O. Box 3428, Cincinnati, OH 45201

## INSTRUCTIONS

This form must be completed in duplicate and both copies must be forwarded to the Company. The duplicate copy, bearing date recorded and signed by the Secretary of the Company will be returned to be filed with the policy as evidence of the change of beneficiary.

Give first name, middle initial, last name and relationship, if any, of the beneficiary to the Insured. If it is an initial name, please state that it is.

If the beneficiary is a married woman, give her name as "Mary E. Smith," for example, not "Mrs. John A. Smith."  
Neither the beneficiary nor any person interested in the policy may sign as witness.

### EXAMPLES OF COMMONLY USED BENEFICIARY DESIGNATIONS

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| <p>1) Insured's Estate:<br/><br/>The Executors, Administrators or Assigns of the Insured.</p>  | <p>10) One Primary, One First Contingent and One Second Contingent Beneficiary:<br/><br/>Mary E. Doe, wife of the Insured, if living, otherwise to Frank J. Doe, son of the Insured, or if both said wife and son shall die before the Insured, to Jane M. Doe, mother of the Insured.</p>   |
| <p>2) One Beneficiary:<br/><br/>Mary E. Doe, wife of the Insured</p>   | <p>11) Wife, Primary Beneficiary, named Children, Contingent Beneficiary, with Children of deceased children to share:<br/><br/>Mary E. Doe, wife of the Insured, if living, otherwise to Allen S. Doe and Jo Ann Doe, children of the Insured, in equal shares or to the survivor; provided, however, should any of said children of the Insured die before the Insured, leaving a child or children, any share which said deceased child of the Insured would have received if living at the time of the Insured's death shall be paid in equal shares to the then living children of said deceased child of the Insured.</p>  |
| <p>3) Two Primary Beneficiaries:<br/><br/>John A. Doe and Jane M. Doe, parents of the Insured.</p>   | <p>12) Trustee as Beneficiary under a Written Trust Agreement:<br/><br/>The Blank National Bank of Dallas, Texas as Trustee, under Agreement of Trust dated _____. (Copy of Trust Agreement must be sent to the Company.)</p>  |
| <p>4) Several Named Children, Primary Beneficiary:<br/><br/>Allen S. Doe, Frank J. Doe and Jo Ann Doe, children of the Insured.</p>  | <p>13) Unequal Distributions; Use Fractions with a Common Denominator:<br/><br/>(a) Three-fourths (3/4) of the proceeds to Mary E. Doe, wife of the Insured, if living, and one-fourth (1/4) of the proceeds to Jo Ann Doe, daughter of the Insured, if living, otherwise all to the survivor.<br/><br/>(b) Two-fourths (2/4) of the proceeds to Mary E. Doe, wife of the Insured; one-fourth (1/4) of the proceeds to Allen S. Doe, son of the Insured and one-fourth (1/4) of the proceeds to Jo Ann Doe, daughter of the Insured, and in the event of death of any said beneficiary, such deceased beneficiary's share shall be paid to the survivors in equal shares or to the survivor of them.</p> |
| <p>5) Unnamed Children of Present Marriage:<br/><br/>The children born of the marriage of the Insured and Mary E. Doe, wife of the Insured.</p>  |  |
| <p>6) Wife, Primary Beneficiary; Unnamed Children, Contingent Beneficiary:<br/><br/>Mary E. Doe, wife of the Insured, if living, otherwise to the children born of the marriage of the Insured and said wife.</p>  |  |
| <p>7) Wife, Primary Beneficiary, Named Children and Unnamed Children, Contingent Beneficiary:<br/><br/>Mary E. Doe, wife of the Insured, if living, otherwise to Allen S. Doe, Jo Ann Doe, children of the Insured and any other children born of the marriage of the Insured and said wife.</p> |  |
| <p>8) One Primary and One Contingent Beneficiary:<br/><br/>Mary E. Doe, wife of the Insured, if living, otherwise to Frank J. Doe, son of the Insured.</p>   |  |
| <p>9) One Primary Beneficiary and Two or more Contingent Beneficiaries:<br/><br/>Mary E. Doe, wife of the Insured, if living, otherwise to Allen S. Doe and Jo Ann Doe, children of the Insured.</p>   |  |