



ECONOMIC BENEFIT BENEFICIARY AGREEMENT

3520 Broadway
P.O. Box 219272
Kansas City, MO 64121-9272
800-821-6164 ext. 8060
www.kclife.com

Insured: _____

Date of birth: _____

Insured Social Security number: _____

App/policy number: _____

BENEFICIARIES

1. The Insured's designated beneficiary(ies) shall be entitled to an amount equal to _____ percent of the policy proceeds upon the death of the Insured.
2. The beneficiary of the remaining proceeds is the Owner.

OWNERSHIP

3. The ownership and control of this policy is vested in the Owner, and every transaction, including the right to exercise every option, benefit or privilege conferred by or referred to in this Policy, except the right to designate a beneficiary for the specified amount of this policy indicated in No. 1 above, shall be between Kansas City Life Insurance Company and the Owner, and all such transactions shall be valid without notice to or consent of the Insured. It is also understood and agreed that in event of dissolution of said Owner, its successors or assigns shall have the same right to exercise every option, benefit or privilege conferred by or referred to in this Policy, and Kansas City Life Insurance Company shall not be obligated to see to the disposition of any monies which shall be paid in accordance with the terms of this Provision.
4. The rights of the Insured, or any Beneficiary designated by the Insured shall be subject to the rights of the Owner, including, but not limited to, the Owner's right to assign, borrow on or surrender the Policy.
5. On the death of the Insured, the interest of any collateral assignee of the Owner shall be limited to the portion of the proceeds in excess of the specified amount described in No. 1 above.
6. This Agreement will only be effective after receipt and acceptance (demonstrated by written notification) by the Kansas City Life Home Office. Kansas City Life Insurance Company is not a party to this agreement, but will respect the rights of the parties as herein determined.
7. This Agreement shall remain in effect until the Owner revokes or amends the terms by written request submitted to the Kansas City Life Home Office during the Insured's lifetime.

Signature of Insured

Date

Signature of Owner

Date

Owner name (printed)

Address

Tax ID or Social Security number of Owner

Phone number