



Change of Beneficiary Form

This form will be part of the policy when recorded by the Company at its Home Office. Please fill out in ink and use a separate form for each insured.

Kansas City Life Insurance Company

3520 Broadway

P.O. Box 219272

Kansas City, MO 64121-9272

Policy number

Insured

Unless specified otherwise below, I request the death proceeds of the above policy be paid equally to all beneficiaries named below or to the survivor or survivors. I also request that the policy provision for beneficiary changes be amended to provide that any beneficiary may be changed by written notice in a form satisfactory to the Company without endorsement of the policy; and the amendment will be made when this notice is received and is effective the date it was signed.

NOTE: If you live in a community property state and do not designate your spouse as primary beneficiary, be aware your spouse may have a statutory claim to a portion of the proceeds if premiums were paid for with funds considered community property. You may wish to consult with an attorney to consider these issues.

Primary: Name, relationship to insured, address, phone number, Social Security number and date of birth for each beneficiary

Contingent: Name, relationship to insured, address, phone number, Social Security number and date of birth for each beneficiary

*The above Change of Beneficiary will be recorded and made part of the policy file on the date it is received in "good order" at the Kansas City Life Home Office. A letter of notification will be sent to the policyowner at the address of record upon completion of the change. Sign, date and return this form immediately to **Kansas City Life Insurance Company, 3520 Broadway, P.O. Box 219272, Kansas City, MO 64121-9272**. Fax: 816-931-3585. Email: customerservice@kclife.com.*

Signature

Signature of owner

Date

Social Security number

Phone number

Address/P.O. Box

City

State

ZIP

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Fax number

Email

Signature of witness other than a beneficiary (*Massachusetts only*)

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Examples of Beneficiary Designations

1. One beneficiary and two or more contingent beneficiaries

Primary Mary Jones Doe, wife

Contingent Richard Doe, Sarah Doe, and Sally Doe, children

2. Spouse beneficiary and named and unnamed children contingent beneficiaries

Primary Mary Jones Doe, wife

Contingent Richard Doe, Sarah Doe, and Sally Doe, children and any other children born of the marriage of the insured and said wife

OR

Primary Mary Jones Doe, Wife

Contingent Any children born of the marriage of the insured and said wife

3. One beneficiary and one contingent beneficiary

Primary Mary Jones Doe, wife

Contingent Richard Doe, son

4. Two beneficiaries

Primary James Doe, father and Betty Doe, mother

5. Two beneficiaries and one contingent beneficiary

Primary James Doe, father and Betty Doe, mother

Contingent Jane Doe, daughter

6. One beneficiary and minor contingent beneficiaries, minor's share, if any, payable to custodian

Primary Elizabeth J. Doe, wife

Contingent Jane Doe, Susan Doe and Larry Doe, children, if adults, otherwise to Sally Simple, insured's sister, as custodian for Jane Doe, Susan Doe and Larry Doe under the Uniform Transfers to Minors Act as enacted in this State

7. Three or more beneficiaries

Primary James Doe, brother, Tina Doe, mother and Henry Doe, father

8. To insured's estate

Primary Estate of the insured

9. Per stirpes

Primary Mary Doe, wife of the insured

Contingent Jane Doe, Sue Doe, and Larry Doe, children, equally, per stirpes

NOTE: "Per stirpes" indicates if Jane Doe predeceases the insured, her share of the death benefit will go to her children.

10. Joint life policies and contingent beneficiaries

Primary The survivor of John Doe and Mary Doe, the insureds, otherwise to Jane Doe, Sue Doe, and Larry Doe, children

11. Creditor beneficiary

Primary Gary S. Ham, 352 Burke St., Any City, MO., 64141, Creditor, as his interest may appear, the balance if any, to Jane A. Doe, wife

NOTE: Naming a creditor beneficiary may restrict ownership rights with regard to some policy transactions. Please refer to the ownership section of your contract.

12. Corporate beneficiary

Primary Smith Manufacturing Company, a corporation at 31520 Broad St., Anytown, MO., 64141, Employer-Business

13. Trustee beneficiary (person or bank)

Primary John E. Doe, trustee under the [NAME] Trust dated [MM/DD/YYYY] or their successor(s) in trust

OR

Primary First National Bank of Anytown, USA, under the [NAME] Trust dated [MM/DD/YYYY] or their successor(s) in trust

14. Funeral home beneficiary

Primary Wagnor-Jones Funeral Home, 100 Howe St., Anywhere, USA, 00000 as its interest may appear, balance to Mary J. Doe, wife of the insured

NOTE: Naming a funeral home beneficiary in this way may restrict ownership rights with regard to some policy transactions. Please refer to the ownership section of your policy contract.

15. The Last Will

Primary Executor or personal representative of policyowner's Last Will and Testament as admitted to probate

16. Specifying a percentage

When using percentages you need to include a contingent beneficiary for each percentage.

Primary 60% of the proceeds payable to John Doe – husband if living, otherwise to Casey May – sister. 40% of the proceeds payable to Casey May – sister if living, otherwise to Mary Joe – sister