



CHANGE OF BENEFICIARY ENDORSEMENT

1116 West Riverside Avenue, P.O. Box 1445, Spokane, WA 99210
509-838-4235 800-541-5858 www.nclife.com

Before completing this form, read the paragraph of your policy concerning change of beneficiary and the instructions and information on the face of this form.

In accordance with the Policy provisions, North Coast Life Insurance Company is hereby authorized and requested to amend Policy No. _____ on the life of _____ by changing the beneficiary of such Policy as follows:

THE PRIMARY BENEFICIARY SHALL BE:

Name and Address	Relationship to Insured	Social Security No.	Date of Birth

THE CONTINGENT BENEFICIARY SHALL BE:

Name and Address	Relationship to Insured	Social Security No.	Date of Birth

I hereby request that this Change of Beneficiary be recorded on the books of the Company. I understand and agree that this endorsement shall become a part of the Policy on the date it is accepted by the Company. I understand that such approval and recording by the Company shall be deemed to be endorsement of such change upon the Policy in accordance with any such provision. I understand and agree that there is no liability on the part of the Company with respect to any proceeds paid by the Company or applied under any option in the policy prior to such approval and recording by the Company.

By this election I hereby revoke all other or former designations of beneficiary made by me. I make this change subject to all the conditions and provisions of the Policy, as well as any existing assignment thereof. Unless otherwise provided by me in this application for change of beneficiary, I expressly reserve the full and absolute right to make further beneficiary changes at any time I may elect.

Dated at _____ this _____ day of _____, 20 _____

Witness

Full Signature of Owner

Witness

Signature of Spouse (If Community Property State)

The foregoing request for change of beneficiary is accepted as an endorsement to the Policy and the beneficiary is hereby changed accordingly.

NORTH COAST LIFE INSURANCE COMPANY

Date Accepted

Secretary