

**REQUEST FOR DESIGNATION
OF CONTINGENT OWNER**

Contract Num.: _____

Insured Name: _____

Owner Name: _____

The owner of the above listed Contract(s) (the "Owner") requests the Company to revoke all prior designations of a Contingent Owner for the Contract, and designates a Contingent Owner or Owners for the Contract as follows:

PRIMARY CONTINGENT OWNER

This person shall become Owner of the above listed contract(s) in the event of the death of the Owner(s).

Contingent Owner's Name: _____ Date of Birth: _____

Contingent Owner's Social Security Number or Tax ID Number: _____

Contingent Owner's Mailing Address: _____ / _____
Box Number or Street Address Telephone Number

City State Zip

SECONDARY CONTINGENT OWNER

This person shall become Owner of the above listed contract(s) in the event of the death of the Owner(s) and the Primary Contingent Owner.

Contingent Owner's Name: _____ Date of Birth: _____

Contingent Owner's Social Security Number or Tax ID Number: _____

Contingent Owner's Mailing Address: _____ / _____
Box Number or Street Address Telephone Number

City State Zip

Effective upon the death of the Owner, the Owner assigns, transfers and conveys all rights, titles and interest in the Contract, and all monies due, or to become due, and payable under the Contract, and full and complete authority to exercise any and all options, benefits and rights provided in the Contract, including the right to change the beneficiary, to surrender the Contract and to receive and collect the cash surrender value of the Contract, to the Contingent Owner(s) designated above. This Request & Endorsement shall be binding on the Owner's heirs, executors, administrators, and assigns.

Upon the death of the Owner, the Contingent Owner is authorized to receive, collect, and receipt for any money or thing of value due, or to become due, under the Contract, as fully and completely as the Owner might, or could do, if this Request & Endorsement had not been made. The Owner releases the Company from any and all responsibility of determining the validity of this assignment and from any and all liability by reason of the payment of any benefits or monies in accordance with this Request & Endorsement.

This Endorsement is effective when recorded by the Company at its Home Office, but when recorded, is effective as of the date signed by the Owner, without prejudice to the Company for any payment made or action taken by the Company before such recordings. The Owner expressly reserves the right to change the Contingent Owner at any time.

Please Note: This form does not change the beneficiary designation of your contract(s). To update your beneficiary designation, please contact our Customer Service Department at 1-800-283-9233 extension 6814, or visit us online at www.texaslife.com.

Contract Num.: _____

Insured Name: _____

Owner Name: _____

For contracts issued in California:

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

SIGNATURE OF OWNER(S):

For the purpose of this form, a facsimile copy of my signature shall be as valid as an original.

► _____	_____	_____
Owner	Print Name	Date
► _____	_____	_____
Witness	Print Name	Date
► _____	_____	_____
Joint Owner, if applicable	Print Name	Date
► _____	_____	_____
Witness	Print Name	Date

HOW TO SUBMIT THIS FORM**MAIL:**

Texas Life Insurance Company
PO Box 830
Waco, TX 76703-0830

FAX: 254-745-6393**EMAIL:** customerservice@texaslife.com

BOTH PAGES OF THIS FORM MUST BE RETURNED

DO NOT SEND CONTRACT

FORMS CANNOT BE ACCEPTED WHICH CONTAIN CORRECTIONS OR ERASURES