

American Century Life Insurance Company

4785 E 91st Street Suite 200

Tulsa, OK 74137

(918) 712-7770

Fax (918) 712-7773

Insured: _____ Policy No: _____

Owner _____ Daytime Phone No: _____

By submitting this Beneficiary Change Request to American Century Life Insurance Company, I understand and request the company to make the changes and that all Prior beneficiaries and payment methods are revoked. I also understand that this form is not valid until received by the Company.

Signatures of Owner:

Owner Signature _____ Date signed _____

If Policy is owned by a Trust Signature:

Printed Name of Trust _____ Date of Trust _____

Printed Name of Trustee _____ Signature of Trustee _____

Spousal Signature Requirement

For the protection of both parties, if the owner resides in a community Property State, we recommend that the owners' spouse join in signing and dating this form. If the owner resides in CA, ID, NV or WA the owner's spouse must sign and date the form below.

Spouse's Signature _____ Date signed _____

Notary Signature — Seal is required

Subscribed and sworn to before me this _____ day of _____, Year _____

Signature of Notary _____ Commission Expires _____