

Aurora National Life Assurance Company • P.O. Box 4490, Hartford, CT 06147-4490 • Telephone (800) 265-2652

NAME OF INSURED	POLICY NUMBER C
NAME OF POLICY OWNER(S)	SOCIAL SECURITY OR TAX I.D. NUMBER OF POLICY OWNER

**CHANGE OF BENEFICIARY**

The policy Owner hereby revokes all prior beneficiary designations and now designates the following:

PRIMARY BENEFICIARY*	SOC. SEC. OR TAX I.D. NO.	DATE OF BIRTH	RELATIONSHIP TO THE INSURED	PERCENTAGE OF PROCEEDS
CONTINGENT BENEFICIARY	SOC. SEC. OR TAX I.D. NO.	DATE OF BIRTH	RELATIONSHIP TO THE INSURED	PERCENTAGE OF PROCEEDS

Please provide the full name and relationship of each beneficiary to the Insured. If you designate more than one beneficiary in a particular class the interest of each beneficiary will be equal unless you provide otherwise. **The division of proceeds must be shown as a percentage, not in dollar amounts.** The share of any beneficiary in a particular class who dies before the Insured will pass equally to the remaining beneficiaries in that class unless you provide otherwise.

\* Important Note: If the policy Owner is married and lives in a community property jurisdiction and the primary beneficiary designation does not provide 100% to the spouse of the policy Owner, the spouse must indicate consent by signing on the reverse side of this form.

**CHANGE OF POLICY OWNER/ABSOLUTE ASSIGNMENT**

The current policy Owner hereby requests that the owner of this policy be changed as indicated below and understands that this change is subject to the rights and, under certain circumstances, consent of any Irrevocable Beneficiary or Assignee of record at the Home Office of Aurora National Life Assurance Company. It is further understood and agreed that the new policy Owner may, subject to the rights of the Irrevocable Beneficiary or Assignee, if any, exercise every right and privilege under the policy. In the case of multiple policy Owners, the signatures of all policy Owners are required to effect any policy transaction.

THE NEW POLICY OWNER IS:

Individual     Corporation     Trust     Other: \_\_\_\_\_

FULL LEGAL NAME OF NEW POLICY OWNER(S)	RELATIONSHIP TO THE INSURED	TAX I.D. OR SOC. SEC. NO. OF NEW POLICY OWNER
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**New Policy Owner Address Information (please print clearly)**

For additional policy Owner(s) check here  and include address, etc. on an attached sheet.

ATTENTION OF \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY	ST.	ZIP CODE + 4
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NEW POLICY OWNER(S) DATE OF BIRTH	DAYTIME TELEPHONE NUMBER OF NEW POLICY OWNER (       )
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**CONTINUED ON NEXT PAGE**  
**(Submit ALL pages of this form)**

Submit ALL pages of this form

NAME OF INSURED (REQUIRED)	POLICY NUMBER (REQUIRED)
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**CHANGE OF NAME** (Due to marriage, by court order, etc.)

CHANGE THE NAME OF THE

Policy Owner     
  Insured     
  Assignee     
  Other: \_\_\_\_\_

FROM	TO
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STATE REASON FOR CHANGE

NOTE: If change is due to reasons other than marriage, a copy of appropriate evidence of the change of name is required (Court document, Corporate resolution, etc.)

**CHANGE OF ADDRESS FOR POLICY CORRESPONDENCE**

The policy Owner directs that all correspondence related to this policy be sent to the following address:

**Address Information (please print clearly)**

TO THE ATTENTION OF \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY	ST	ZIP CODE + 4	DAYTIME PHONE NUMBER OF POLICY OWNER (    )    -
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If this address change affects Aurora policies other than the one listed above, please list the policy numbers below:

C	C
C	C

**ELECTION OF PREMIUM DEFAULT OR NONFORFEITURE OPTION**

The policy Owner elects the following Premium Default or Nonforfeiture Option to be exercised and understands that coverage under the policy is reduced by any outstanding policy indebtedness.

Automatic Premium Loan     
  Extended Term Insurance

Policies issued by Executive Life and assumed by Aurora which are in default will have the Premium Default or Nonforfeiture Options exercised in the order prescribed by the Rehabilitation Plan.

Submit ALL pages of this form

NAME OF INSURED (REQUIRED)

POLICY NUMBER (REQUIRED)

DECLARATION AND SIGNATURE(S)

The undersigned hereby requests and directs Aurora National Life Assurance Company to process the policy transaction(s) indicated above. The undersigned declare(s) that to his or her (their) knowledge and belief there are no bankruptcy proceedings pending against the policy Owner or any Irrevocable Beneficiary or Assignee. The policy Owner has obtained, on this form, the signature of any Irrevocable Beneficiary or Assignee who has an interest in this policy, and whose consent is required for the requested transaction.

Insurance Fraud: Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

SIGNED AT (City, State)

DATE

SIGNATURE(S) OF POLICY OWNER(S)

SIGNATURE OF NEW POLICY OWNER (if applicable)

SIGNATURE OF IRREVOCABLE BENEFICIARY (If any)

SIGNATURE OF ASSIGNEE (if any)

SIGNATURE OF SPOUSE (The spouse of the policy Owner hereby irrevocably joins in and consents to the policy change requested in this document.)

CORPORATE/TRUST SIGNATURE

If signing on behalf of a corporation or trust, the signature must be that of the person or persons who originally signed for the corporation or trust. If there has been any change, please provide supporting documentation such as a copy of the trust agreement or any amendment. Also, if signing on behalf of a corporation, provide the corporate seal and include the printed name and title of the person signing.

Form with fields: SIGNATURE OF SIGNING OFFICER, NAME AND TITLE OF SIGNING OFFICER (Print clearly), NAME OF CORPORATION OR TRUST

(SEAL)

NOTARIAL ACKNOWLEDGEMENT (Required when requested by Aurora)

NOTE: Based upon its sole discretion, the Company reserves the right to request Notarial Acknowledgement of the policy Owner's signature before processing any transaction.

STATE OF \_\_\_\_\_ }
COUNTY OF \_\_\_\_\_ } SS.

On \_\_\_\_\_, year \_\_\_\_\_ before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she (they) executed the same in his/her (their) authorized capacity(ies), and that by his/her (their) signature(s) on the instrument, the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (SEAL)

FOR AURORA USE ONLY

ACKNOWLEDGED BY

DATE