



Designation/Change of Beneficiary

PLEASE PRINT AND SUBMIT COMPLETED FORM TO US

NAME OF INSURED _____ POLICY NUMBER(S) _____

- Designation of Beneficiary Change in
Named Beneficiary
Change to Beneficiary Address only

If changing a named beneficiary: I hereby revoke any previous beneficiary designation and election of settlement option and request that the proceeds be paid in one lump sum to the beneficiary or beneficiaries named below in the manner indicated:

NAMES OF BENEFICIARIES

Table with 5 columns: Full Name (Last First Middle initial), Relationship, Address (street, City, State, Zip), Date of Birth (mm/dd/year), Share %. Includes a Total row at the bottom right.

Unless I otherwise indicate, if more than one beneficiary is named in a classification, I agree that the Company shall make payment to them, if living, share and share alike, or to the survivors or survivor of them. The provisions below are part of this designation.

IMPORTANT INSTRUCTIONS

- 1. If the policy owner lives in either Arizona, California, Idaho, Washington, Louisiana, Nevada, Texas, New Mexico, or Wisconsin, because of the Community Property Laws of these states, this request should also be signed by wife, or husband, if such signature can be secured. If wife or husband is deceased, please show this information.

MY PRESENT MAILING ADDRESS IS _____

SIGNATURE OF INSURED _____ DATE SIGNED _____

SIGNATURE OF WITNESS _____ DATE SIGNED _____

SIGNATURE OF SPOUSE (if Applicable) _____ DATE SIGNED _____

Recorded at the Home Office of Allstate

(Date) _____ (Recorder) _____

SPECIAL PROVISIONS

If the policy form is a Dependents Plan of Life Insurance, benefits will be paid to the Insured. If the Insured is not living, the benefits will be paid to the Insured's estate.

SPECIAL INSTRUCTIONS

If the intended beneficiary is to be a trustee or a creditor, please include a copy of those documents. If a special and/or complicated beneficiary designation is desired, contact the Home Office and provide complete details concerning the desired designation.

Please retain a copy of this document for your records and send a completed copy to us by:

Mail: Allstate Health Solutions PO BOX 1070 Winston Salem, NC 27102-1070
Fax: 888-344-3232
Email: memberservices@nhicadmin.com

Allstate Health Solutions is a marketing name for products underwritten by National Health Insurance Company, Integon National Insurance Company, Integon Indemnity Corporation and American Heritage Life Insurance Company.