



KANSAS CITY LIFE

**KANSAS CITY LIFE INSURANCE COMPANY**

**CHANGE OF BENEFICIARY**

TO BECOME A PART OF THE POLICY FILE WHEN RECORDED BY THE COMPANY AT ITS HOME OFFICE.

**Please type or print in ink and use a SEPARATE FORM FOR EACH INSURED.**

**Policy Number:**

**Insured:**

Unless specified otherwise below, I/We request that the death proceeds of the above policy be paid **equally** to all beneficiaries named below or to the survivor or survivors.

**PRIMARY:** (*Name, Relationship to the insured, Address, Phone Number, Social Security Number and Date of Birth for each beneficiary.*)

[Empty box for Primary Beneficiary information]

**CONTINGENT:** (*Name, Relationship to the insured, Address, Phone Number, Social Security Number and Date of Birth for each beneficiary.*)

[Empty box for Contingent Beneficiary information]

I also request that the policy provision for beneficiary changes be amended to provide that any beneficiary may be changed by written notice in a form satisfactory to the Company without endorsement of the policy; and the amendment will be made when this notice is received and is effective the date it was signed.

*Please, sign, date and return this form immediately to the Kansas City Life Insurance Company at 3520 Broadway/Box 219272/Kansas City, Missouri/64121-9272*

X \_\_\_\_\_  
**Signature of Owner    Date    Owner's Social Security Number    (Area Code) Phone Number**

\_\_\_\_\_ **Street Address/PO Box    City    State    Zip Code**

For Massachusetts only: **Signature of Witness** *other than a beneficiary.* X \_\_\_\_\_

**Note:** If Owner/Insured lives in a **community property state** and does not designate the spouse as primary beneficiary, please be aware that your spouse may have a statutory claim to a portion of the proceeds if the premiums were paid for with funds considered community property. You may wish to consult with an attorney to consider these issues.

The above Change of Beneficiary will be recorded and made part of the policy file this on the date it is received in "good order" at the Kansas City Life Home Office.

**A letter of notification will be sent to the policyowner at the address of record upon completion of the change.**

# KANSAS CITY LIFE INSURANCE COMPANY CHANGE OF BENEFICIARY

## EXAMPLES OF BENEFICIARY DESIGNATIONS

### 1. One Beneficiary & Two or More Contingent

#### Beneficiaries:

Primary---Mary Jones Doe, wife.

Contingent--Richard Doe, Sarah Doe, and Sally Doe, children.

### 2. Spouse Beneficiary & Names & Unnamed Children

#### Contingent Beneficiaries:

Example 1--Primary---Mary Jones Doe, wife.

Contingent--Richard Doe, Sarah Doe, and Sally Doe, children and any other children born of the marriage of the Insured and said wife.

Example 2--Primary---Mary Jones Doe, Wife.

Contingent--Any children born of the marriage of the Insured and said wife.

### 3. One Beneficiary & One Contingent Beneficiary:

Primary---Mary Jones Doe, wife.

Contingent--Richard Doe, son

### 4. Two Beneficiaries:

Primary---James Doe, father and Betty Doe, mother.

### 5. Two Beneficiaries & One Contingent Beneficiary:

Primary---James Doe, father and Betty Doe, mother.

Contingent--Jane Doe, daughter.

### 6. One Beneficiary & Minor Contingent Beneficiaries, minor's share, if any, payable to Custodian:

Primary---Elizabeth J. Doe, wife.

Contingent--Jane Doe, Susan Doe and Larry Doe, children, if adults, otherwise to Sally Simple, Insured's Sister, as Custodian for Jane Doe, Susan Doe and Larry Doe under the Uniform Transfers to Minors Act as enacted in this State.

### 7. Three or more Beneficiaries:

Primary---James Doe, brother, Tina Doe, mother and Henry Doe, father

### 8. To Insured's Estate

Primary---Estate of the Insured.

### 9. Per Stirpes:

Primary---Mary Doe, wife of the Insured.

Contingent--Jane Doe, Sue Doe, and Larry Doe, children, equally, per stirpes.

NOTE: "Per stirpes" means that if Jane Doe predeceases

the insured, her share of the Death Benefit will go to her children.

### 10. Joint Life Policies & Contingent Beneficiaries:

The survivor of John Doe and Mary Doe, the Insureds; otherwise to Jane Doe, Sue Doe, and Larry Doe, children.

### 11. Creditor Beneficiary:

Primary---Gary S. Ham, 352 Burke St., Any City, MO., 64141, Creditor, as his interest may appear, the balance if any, to Jane A. Doe, wife.

NOTE: Naming a creditor beneficiary may restrict ownership rights with regard to some policy transactions. Please refer to the ownership section of your contract.

### 12. Corporate Beneficiary:

Smith Manufacturing Company, a corporation at 31520 Broad St., Anytown, MO., 64141, Employer-Business.

### 13. Trustee Beneficiary: (Person or Bank)

Example 1 ---John E. Doe, Trustee under the ( \_NAME\_) Trust dated \_\_\_\_\_ or his successor(s) in trust.

Example 2 ---First National Bank of Anytown, USA, under the ( \_NAME\_) Trust dated \_\_\_\_\_ or their successor(s) in trust.

### 14. Funeral Home Beneficiary:

Wagnor-Jones Funeral Home, 100 Howe St., Anywhere, USA, 00000 as its interest may appear, balance to Mary J. Doe, wife of the Insured.

NOTE: Naming a Funeral Home beneficiary in this way may restrict ownership rights with regard to some policy transactions. Please refer to the ownership section of your policy contract.

### 15. The Last Will:

Primary---Executor or Personal Representative of insured's Last Will and Testament as admitted to probate.

### 16. Specifying a Percentage

When using percentages you need to include a contingent beneficiary for each percentage. Example: Primary-- 60% of the proceeds payable to John Doe-Husband if living, otherwise to Casey May-Sister. 40% of the proceeds payable to Casey May-sister if living, otherwise to Mary Joe- Sister.

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3520 BROADWAY/BOX 219272  
KANSAS CITY, MO. 64121-9272  
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