



Kansas City Life Insurance Company
 PO Box 219425
 Kansas City, MO 64121-9425

BENEFICIARY FORM

EMPLOYEE (INSURED'S) NAME	SOCIAL SECURITY NO.
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EMPLOYER NAME

POLICY NO.

TO KANSAS CITY LIFE INSURANCE COMPANY, KANSAS CITY, MISSOURI. It is hereby requested that the beneficiary under the policy numbered as above be changed to:

PRIMARY: (Include Full Name, Relationship to the Insured, Address, Social Security No. and Date of Birth for each beneficiary)

CONTINGENT: (Include Full Name, Relationship to the Insured, Address, Social Security No. and Date of Birth for each beneficiary)

This change will apply to any Life and Accidental Death and Dismemberment Insurance in force under the above numbered Group Policy or Policies. The provisions listed below are accepted.

SIGNATURE

Unless specified otherwise, I request that the death proceeds of the above policy be paid equally to all beneficiaries named or to the survivor or survivors. 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 your HR department.

SIGNATURE _____ DATE SIGNED MM(DD/YYYY) _____

WITNESS SIGNATURE _____

If two or more primary beneficiaries are named, the proceeds payable at death will be paid equally to the named beneficiaries surviving the Insured unless unequal distribution percentages have been made. When unequal distribution percentages are listed, a contingent beneficiary must be provided for each primary beneficiary named. (Example of unequal distributions are 60/40 or 50/25/25 or 60/20/20 etc.

Death proceeds will be paid as though the beneficiary died before the Insured Individual if: the beneficiary dies at the same time as or within 15 days of the Insured Individual's death and the Company has not paid the proceeds to the beneficiary within the 15-day period.

If no beneficiary survives, payment will be made according to the terms of the policy. This designation revokes any and all previous designations. The right to change the beneficiary is reserved to the Insured.

BELOW THIS LINE FOR HOME OFFICE USE ONLY

Above Change of Beneficiary is recorded as part of the policy file this _____ day of _____, 20_____.

AUTHORIZED KANSAS CITY LIFE REPRESENTATIVE _____