



Bay Bridge Administrators, L.L.C.
P.O. Box 161690
Austin, TX 78716
1-800-845-7519
Fax (512) 275-9350

Group Change of Beneficiary Form

Certificate Number (One policy only) Insured Name:

Certificate Holder SS Number: Group Name:

THE UNDERSIGNED POLICY OWNER HEREBY REVOKES ANY PREVIOUS BENEFICIARY DESIGNATION AND ANY OPTIONAL MODE OF SETTLEMENT WITH RESPECT TO ANY DEATH BENEFIT PROCEEDS PAYABLE AT THE DEATH OF THE INSURED. ANY SUCH PROCEEDS SHALL BE PAID IN ONE SUM AS FOLLOWS:

PRIMARY BENEFICIARY(IES) - In equal shares to such of; or if other than equal shares, please stipulate the percentage for each beneficiary.
Name Percentage DOB Relationship

CONTINGENT BENEFICIARY(IES) - In equal shares to such of; or if other than equal shares, please stipulate the percentage for each beneficiary.
Name Percentage DOB Relationship

Certificate Holder Signature Date

Witness Signature Date

For Home Office Use Only
The foregoing request has been recorded at the Home Office of Leaders Life Insurance Company, Tulsa, Oklahoma
Date Registrar President or Secretary