Madison National
Life Insurance Company
Independence Holding Group

Change of Beneficiary Form

Complete this form as thoroughly as possible. Please be advised that completion of this form alone does not constitute coverage for benefits. The company does not admit that there is any insurance in force and does not waive any of its rights and/or defenses. Any incomplete form will not be accepted. The company withholds the right to request additional information prior to acceptance of this form.

Upon completion of this form, keep a copy so that your beneficiaries may refer to it should a claim for Group Term Life benefits be necessary. The original of this form should be provided to your employer.

Please return this form to your Benefits Office (Not Madison National Life).

EMPLOYEE INFORMATION

Name of employer: _____ Group number: 000222

Employee's name: _____ Social security number: _____

Address: _____
Street City State Zip Code

Telephone number: _____ Date of birth: _____

☐ Male ☐ Female ☐ Married ☐ Single Start date of employment: _____

BENEFICIARY DECLARATION

Primary Beneficiaries
In the event of my death, I request that benefits be paid as follows:

Secondary Beneficiaries
In the event that none of my primary beneficiaries are living at the time of benefit payment I request that benefits be paid as follows:

Full Name	Relationship	Percentage of Benefit	Full Name	Relationship	Percentage of Benefit

Please note: Our company cannot issue benefits directly to a minor. Should benefits be payable to a minor we will require documents confirming who is the court appointed legal guardian of the minor. If a legal guardian is not appointed, benefits due to be paid to the minor will remain on deposit with the insurance company and earn interest until the minor is of legal age. If you reside in a community property state, it may be unlawful to name someone other than a spouse as a beneficiary without the spouse's consent. Community property states include, but might not be limited to : AZ, CA, ID, LA, NM, NV, TX, WA and WI.

Signature: _____ Date: _____

Signature of Spouse: _____ Date: _____
(Required if policy is obtained in a community property state and your spouse is not listed as your primary beneficiary.)

Witness: _____ Date: _____

Fraud Warnings

This warning applies to the following states: Alabama, Alaska, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, Wyoming.

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines, confinement in prison and/or denial of insurance benefits.

ARIZONA WARNING: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA WARNING: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damage. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the Department of Regulatory Agencies.

FLORIDA WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NEW HAMPSHIRE WARNING: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY WARNING: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.

OREGON WARNING: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer by submitting an application, or by filing a claim containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

WASHINGTON WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.