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Irrevocable Beneficiary Form

Policy Number:		
Name of Owner/Payor: (Last, First), (Middle Name □ Do	not know / not applicable)	
understand that if I designate an irrevocable benefic	ary, any change under the p	olicy that will adversely affect
the ownership interests of the irrevocable beneficiar	y/ies can only be made wit	h the written consent of the
irrevocable beneficiary/ies. These changes include, bu	t are not limited to, making	a partial/full withdrawal from
the policy, taking out loans against the cash value of	the policy, assigning or sur	rendering the policy, or ever
changing an irrevocable beneficiary.		
I also understand that in cases where an irrevocable I	peneficiary is a minor, I canr	not exercise the same options
under my policy without the consent of the minor's	legal guardian. Legal guard	dian/s should be specifically
authorized by court order or by law to act in	behalf of the minor for	the particular transaction
Owner/Payor signature over printed name	Place signed	Date signed (MM/DD/YYYY)