FARM BUREAU FINANCIAL SERVICES

Insurance • Investments

Date:

RE: Policy #:

Insured:

Primary Beneficiary:

I know the family of **(Insured name)**. The legal children of **(Insured name)** are listed below.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Please include a copy of a death certificate for any children who have predeceased the insured.

This document must be completed and signed by someone who knows the family but is not sharing in the proceeds.

- This cannot be a child or a family member with vested interest in the proceeds.
- Good Examples: Agent, family friend, neighbor, pastor, attorney

Print Name: _____

Signature: _____

Relationship to the Family: _____

Date: _____

That the Undersigned hereby agrees to personally indemnify and hold harmless Farm Bureau Life Insurance Company, its affiliates, and agents from any and all liability, including attorneys' fees, incurred by acting upon information reasonably believed to be valid and originating from the undersigned in this document.