Farm Bureau Life Insurance Company
5400 University Avenue
West Des Moines, Iowa
50266-5997

FARM BUREAU FINANCIAL SERVICES

BENEFICIARY DESIGNATION

Insured _____ Policy # _____

I, the owner of the Policy identified above, in accordance with and subject to the provisions of said Policy and the provisions on the back of this form, and subject to any indebtedness which may be due the Company under said Policy and to the rights of any Assignee therein, direct that the Beneficiary shall be as shown below: (If a Family Life Policy is designated above, this agreement shall refer to the Basic Amount of Insurance as provided on the face of the Policy.)

1. ☐ PRIMARY BENEFICIARY(IES) - *In equal shares to each, unless otherwise indicated in the percentage column which must total 100%. Equal percentages will be interpreted as a per capita designation unless otherwise noted.

Name	Date of Birth	Relationship to Insured	Percentage*

who may survive the Insured, and if no such Beneficiary survives the Insured, then to the Contingent Beneficiary(ies).

**☐ CONTINGENT BENEFICIARY(IES) – ***In equal shares to each, unless otherwise indicated in the percentage column which must total 100%. Equal percentages will be interpreted as a per capita designation unless otherwise noted.

Name	Date of Birth	Relationship to Insured	Percentage*

who may survive the Insured.

2. ☐ SPOUSE PRIMARY BENEFICIARY – CHILDREN CONTINGENT BENEFICIARY – PER CAPITA

Spouse Name	Date of Birth

spouse of Insured, if living, otherwise equally to the surviving children of the Insured.

3. ☐ SPOUSE PRIMARY BENEFICIARY – CHILDREN CONTINGENT BENEFICIARY – PER STIRPES

Spouse Name	Date of Birth

spouse of Insured, if living, otherwise to the children of the Insured, share and share alike, except that if any child of the Insured be not living to receive any share of the proceeds apportioned to such child, the share of such deceased child's proceeds shall be paid in one sum to the surviving children of such child of the Insured, if any, in equal shares, otherwise to such of the children of the Insured as may be then living, in equal shares.

4. ☐ LIVING TRUST: ☐ AS PRIMARY BENEFICIARY ☐ AS CONTINGENT BENEFICIARY

Please send a copy of the first page following the cover page and the signature page of the trust document with your form.

_____ , Trustee(s) or any successor trustee(s) under written agreement
Name of Trustee(s)

created by _____
Name of Grantors

named _____ Dated _____ , and any amendments
Name of Trust Mo.-Day-Yr.

made thereto, or if the trust is terminated or the Company is not furnished evidence of the qualifications of such Trust within 365 days of the death of the Insured, to the Estate of the Insured. Trust ID# _____

5. ☐ TESTAMENTARY TRUST: ☐ AS PRIMARY BENEFICIARY ☐ AS CONTINGENT BENEFICIARY

Trustee(s) or any successor or successors in trust under the Last Will of the Insured or any codicils thereto.

6. ☐ INSURED'S ESTATE – THE PERSONAL REPRESENTATIVE OF THE INSURED: ☐ AS PRIMARY BENEFICIARY ☐ AS CONTINGENT BENEFICIARY

7. ☐ CHARITY: ☐ AS PRIMARY BENEFICIARY ☐ AS CONTINGENT BENEFICIARY - *In equal shares to each, unless otherwise indicated in the percentage column which must total 100%. Equal percentages will be interpreted as a per capita designation unless otherwise noted.

Name	Address	Percentage*

PLEASE SIGN NEXT PAGE

Insured: _____ Policy #:_____

It is understood and agreed that the following Simultaneous Death provision shall be effective only if checked or marked with an "X" and the number of days inserted in the space provided.

☐ **SIMULTANEOUS DEATH:** If any Beneficiary shall die simultaneously with the Insured or within _____ (not to exceed 30) days after the death of the Insured, payment of the proceeds shall be made in accordance with the Policy terms and conditions which would have prevailed had the Insured survived such Beneficiary.

This Beneficiary Designation shall take effect only when recorded by the Company at its Home Office, and when so recorded, it shall take effect as of the date of this request. I hereby request that any Policy provision which might otherwise require that said Policy be submitted for endorsement of this change be waived. I certify that said Policy is in my possession and control and that no other person, firm, or corporation has any claim to an interest therein, except for any assignment now on record with the Company. Unless otherwise stated herein, the right to change the Beneficiary and elect settlement is reserved to the Policy Owner.

Unless the Company has been notified of a community property interest in this Policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The Owner and/or Insured signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

Owner Signature

Co-Owner Signature

Date

Other required signature (i.e. – Assignee, Irrevocable Beneficiary)

Agent

Agent #

When recorded by the Company at its Home Office, return form to: ☐ Agent ☐ Policy Owner

THIS SPACE FOR HOME OFFICE USE ONLY

Received and recorded at the Home Office of Farm Bureau Life Insurance Company.

Date Recorded _____ Registrar or Assistant Secretary _____

SPECIAL PROVISIONS

I. REVOCATION

All directions heretofore made relating to beneficial interests in this Policy are hereby revoked, except those designated in any Family, Spouse, Dependent or Children's Term Insurance Riders attached to and made a part of this Policy.

II. BENEFICIARIES

Unless otherwise stated in the Beneficiary designation, each class of designated Beneficiaries shall receive settlement hereunder in the order of their designation. Unless otherwise provided by fractions or percentages in the designations of each Beneficiary in a class, each Beneficiary in a class shall share equally. Except as otherwise provided, the share of a deceased Beneficiary shall be apportioned and settled with the living Beneficiary(ies) of such deceased Beneficiary's class, if any; otherwise with the living Beneficiary(ies) of the next class of Beneficiaries designated; the apportionment to be in the same proportion as the original shares of the living Beneficiary(ies) bore to each other. A share thus apportioned shall be settled with each Beneficiary in the manner provided for such Beneficiary's share. If no designated Beneficiary survives the Insured, the proceeds of this Policy shall be payable in one sum to the Owner of the Policy at the time of the Insured's death, if living, otherwise, to the Insured's estate.

III. OWNER'S RIGHT TO CHANGE, OBTAIN LOAN, SURRENDER AND ASSIGN

Unless otherwise indicated by the Beneficiary designation, the Owner reserves the right, without the consent or participation of any Beneficiary, to change or revoke all Beneficiary designations, to obtain loans from the Company upon security of the Policy, to surrender the Policy for its cash value and to assign the Policy. This provision is not applicable if the Beneficiary is irrevocable.

IV. SPENDTHRIFT CLAUSE

No Beneficiary may commute, anticipate, encumber, alienate, withdraw or assign any portion of his share of the proceeds. To the extent permitted by law, no payments to a Beneficiary will be subject to his debts, contracts or engagements, nor may they be levied upon or attached.

V. DEFINITIONS AND DETERMINATION OF FACTS

A. Whenever the text so requires, the plural shall include the singular, the singular the plural. The term "Insured" shall mean the "Annuitant" when such meaning is applicable.

B. In making settlement hereunder, the Company, in determining the existence, identity, ages or any other facts relating to any persons designated as Beneficiaries in this Policy, either as a class or otherwise, may rely solely on any affidavit or other evidence deemed satisfactory to it, and any payment made by the Company in reliance thereon shall, to the extent of such payment, be a valid discharge of the Company's obligation under the Policy.

VI. PAYMENT TO MINOR PAYEE OR TRUSTEE

A. Any payment hereunder due to a minor payee, shall be made to his or her legally appointed conservator/guardian/ representative.

B. If any payments hereunder are to be made to a trustee under any type of trust arrangement and the Company is not furnished within one year from the date of death of the Insured, evidence of the qualification of such trust, or if such trustee or trustees disclaim all right to receive payment, payment shall be made as provided in Special Provisions II, "Beneficiaries", contained herein, on the same basis as if this class of Beneficiary were deceased.

It is understood and agreed that the Company is not a party to or bound by the conditions of the trust and that payment of the proceeds to such trustee or trustees shall be a complete discharge as to said Company to the extent of the proceeds so paid and that it shall be under no obligation to see to the application of the funds so paid.

VII. CONFLICT LANGUAGE

If any of these Special Provisions conflict with the terms of the Policy, the terms of the Policy shall control.