

American Republic Insurance Company
American Republic Corp Insurance Company
Medico Insurance Company
Medico Corp Life Insurance Company
Medico Life and Health Insurance Company

## **Beneficiary Designation**

I request the beneficiary (beneficiaries) o	f my policy	now be:	
Name of Primary Beneficiary or Trust			
Address			
Social Security Number	Relationship	Date of Birth	%
Name of Trustee		Date Trust Established	
Name of Primary Beneficiary			
Address			
Social Security Number	Relationship	Date of Birth	%
Name of Contingent Beneficiary or Tru	ıst		
Address			
Social Security Number	Relationship	Date of Birth	%
Name of Trustee		Date Trust Established	
Name of Contingent Beneficiary			
Address			
Social Security Number	Relationship	Date of Birth	%
(If you need more	e room, list additional beneficiary inform	ation on the back of this form.)	
By this election, I hereby revoke all other and provisions of said policy as well as a expressly reserve the full and absolute ri	my existing assignment and unless othe	rwise provided by me in this benef	
Signed this day of _		, 20	
Policyowner	Social Security No.	Witness	
Spouse (required in community property state	Social Security No.	Witness	

Unless an affiliate of American Enterprise Group, Inc. (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 a community property interest does not exist, and the Company assumes no responsibility for further inquiry regarding the status of such interest. The insured and/or policyowner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

Policies issued in Oregon may not be canceled, modified, terminated or allowed to lapse after a petition for marital annulment, separation or dissolution is filed and upon service of summons and petition, until a final decree or judgment is issued, the petition is dismissed or until further order of the court.