

Beneficiary Change

American United Life Insurance Company®
a ONEAMERICA® company
One American Square
P.O. Box 6002
Indianapolis, IN 46206-6002
1-800-537-6442

Pioneer Mutual Life Insurance Co.
A stock subsidiary of American United Mutual Insurance Holding Company
a ONEAMERICA® company
101 North 10th Street
Fargo, ND 58108
1-800-437-4692

The State Life Insurance Company
a ONEAMERICA® company
P.O. Box 406
Indianapolis, IN 46206
1-800-428-2316



Check all that apply: American United Life Insurance Company® Pioneer Mutual Life Insurance Company
 The State Life Insurance Company

Hereinafter referred to as "the Company."

Please print all information with the exception of signatures.

Policy Number(s): _____

Insured or Other Insured: _____ Owner: _____

IMPORTANT: Please read instructions on page two before completing form.

Subject to the provisions of the policy, General Provisions on page two and subject to the rights of any assignee of record with the Company, it is requested that the beneficiary for proceeds payable at the death of the Insured be as follows:

First Beneficiary

Full Name Relationship to Insured SSN or Tax ID # DOB or Date of Trust

If naming a Corporation or Trust:

Full Name of Corporation/Trust Full Name of Corporate Officer/Title State of Incorporation

Second Beneficiary (if no First Beneficiary is living)

Full Name Relationship to Insured SSN or Tax ID # DOB or Date of Trust

If naming a Corporation or Trust:

Full Name of Corporation/Trust Full Name of Corporate Officer/Title State of Incorporation

Signatures

Signature of Owner Witness Signature (Required - Cannot be Beneficiary)

Signature of Joint Owner (When Required) Witness Signature (Required - Cannot be Beneficiary)

Owner Telephone Number Owner Social Security Number Date

To be completed if any community property interest exists in this policy. I consent to this Designation.

Signature of Owner's Spouse Witness Signature (Required - Cannot be Beneficiary)

(To be completed by the Company at its Home Office)

This change of beneficiary has been approved and recorded by the Company. Presentation of the policy for endorsement of this change has been waived.

Change recorded _____ By _____

Returned copy should be attached to the policy.

Send completed form to OneAmerica, P.O. Box 6002, Indianapolis, IN 46206-6002.

Instructions

- This form should be completed and returned to the Company. After the change has been approved and recorded by the Company, a copy will be returned to be attached to the policy.
- If the Policy is owned by someone other than the Insured, the form should be signed by the Owner.
- If the Policy is owned by a Corporation or a Partnership, the form should be signed by an Officer of the Corporation or Authorized Partner (or two Officers, if required by its Corporate By-laws). In addition, the corporation shall provide resolutions indicating the officer signing the change of beneficiary form has the authority to execute the beneficiary change.
- Each Signature should be witnessed by a competent adult **other than a named Beneficiary**.
- If the proceeds are to be paid under a Settlement Option or if there is a question of how to word the form, the details of the desired change should be presented to the Company. An appropriate form will then be prepared and returned for Signature.
- Any corrections to the form must be initialed by the Owner.

If you are naming a Beneficiary other than an Individual:

Living Trust: Give the name and location of the Trustee and the date of the Trust Agreement. For example: National Bank and Trust Company, Indianapolis, Indiana, Trustee under Trust Agreement dated July 3, 1980.

Testamentary Trust: The wording should read as follows: Trustee designated in the Testamentary Trust created by the Insured's last will and testament.

Corporation: Give the name of the Corporation and the state in which it is incorporated. For Example: XYZ Corporation, an Indiana Corporation, its successors and assigns.

Partnership: Give the Name of the Partnership and the Names of all Active Partners. For Example: Blue Print Company, a Partnership consisting of Aaron Upright, Abner Upright and Adam Upright.

General Provisions

Each Provision Is Applicable Unless Otherwise Provided in the Designation

- The Owner revokes any previous beneficiary designation with respect to any death benefit proceeds payable at the death of the Insured. The Owner states this policy is in the Owner's possession and control and that no other person, corporation, or association has any claim to or interest in this policy by virtue of any sale, assignment, or pledge. By the Owner's signature on page one, the Owner represents and certifies that no insolvency or bankruptcy proceedings are now pending. If the policy is a Family Policy or contains a Family Benefit or Children's Benefit agreement, this Designation applies only to the insurance payable on the death of the Insured or Other Insured. A separate designation for a Family Benefit or Children's Benefit will need to be completed.
- If used for an annuity contract, the words "policy" and "Insured" in this form mean "contract" and "Annuitant," respectively.
- If the beneficiary is a trustee, the Company shall not be obligated to inquire into the terms of the trust and will be fully discharged from all liability upon payment of the proceeds as provided in this Designation.
- If before payment of the proceeds the Company receives proof satisfactory to it that the trust has been revoked or is not in effect at the death of the Insured, the proceeds shall be paid to the Owner, if living, otherwise to Owner's estate.
- If the trust has been created by a will and the trustee fails to qualify as such for any reason, the proceeds shall be paid to the policy owner, if living, otherwise to Owner's estate.
- The term "children" if used in this designation shall mean biological or adopted children of the referenced person, unless defined more restrictively.
- The term "estate" if used in this designation shall mean estate of the Owner.
- The Owner certifies that this designation is not in violation of state or federal law, a divorce decree or other court order.

How Payment Shall Be Distributed: Subject to the rights of any assignee of record, unless otherwise provided in this Designation and notwithstanding any policy provision to the contrary, if a designated beneficiary in a beneficiary class does not survive the Insured, the portion of the proceeds designated for the deceased beneficiary shall be paid to the surviving beneficiary(ies) of the class, share and share alike. In the event no designated beneficiary survives the Insured, and if this Designation or the Policy does not provide otherwise, the proceeds shall be paid to the Owner, if living, otherwise to the Owner's estate.

Community Property: If you are now, or have been married and resided, during that marriage, in a state having community property laws or other similar laws which grant an interest in this policy to your spouse, the Company may be prevented from carrying out the directions contained in this Designation unless those who were given such rights under such laws consent to this change of beneficiary.

Lack of Notice of Community Property Interest

If the Company has not previously received written notice of a community property interest and if the space for consent on page one hereof is not signed by a person having such an interest, then the Company shall be entitled to rely on its good faith belief that no such interest exists. The Company assumes no responsibility of inquiry regarding such interest and in consideration of accepting this Designation, the Insured or Owner identified on page one, as evidenced by his/her signature, agrees to indemnify and hold the Company harmless from the consequences of accepting and endorsing this Designation. In the absence of written notice of a community property interest, this indemnification shall apply to any later payment of policy proceeds to the named beneficiary even though: (1) the Owner has failed to obtain consent of a former spouse having a community property interest; or (2) the Owner and the Owner's spouse subsequently divorce; or (3) the Owner's spouse dies after the date of execution of this Designation; or (4) the Owner and Owner's spouse subsequently sever their interest in the community.