



LIFEMAP ASSURANCE COMPANY BENEFICIARY DESIGNATION FORM

INSURED LAST NAME	FIRST (Given Name)	INITIAL	POLICY ID NO.
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PRIMARY BENEFICIARY (If naming more than two beneficiaries, please use the other side of this form.)

BENEFICIARY LAST NAME	FIRST (Given Name)	INITIAL	BIRTHDATE	SEX	SOCIAL SECURITY NO.
			Mo Da Yr	M F	
BENEFICIARY ADDRESS		CITY	STATE	ZIP	RELATIONSHIP TO YOU
					BENEFIT %

PRIMARY BENEFICIARY

BENEFICIARY LAST NAME	FIRST (Given Name)	INITIAL	BIRTHDATE	SEX	SOCIAL SECURITY NO.
			Mo Da Yr	M F	
BENEFICIARY ADDRESS		CITY	STATE	ZIP	RELATIONSHIP TO YOU
					BENEFIT %

CONTINGENT BENEFICIARY (Receives proceeds only if the Primary Beneficiary(ies) dies before you.)

BENEFICIARY LAST NAME	FIRST (Given Name)	INITIAL	BIRTHDATE	SEX	SOCIAL SECURITY NO.
			Mo Da Yr	M F	
BENEFICIARY ADDRESS		CITY	STATE	ZIP	RELATIONSHIP TO YOU
					BENEFIT %

THIS DESIGNATION IS NOT VALID UNLESS SIGNED AND DATED BY INSURED.

SIGNATURE _____

DATE _____

Please provide full name, date of birth, Social Security number and address of your beneficiary. Examples follow:

- A. One Beneficiary Mary R. Jones, 1234 Hemlock St., Anytown, USA 12345
- B. Two Beneficiaries John Jones and Sally Smith, equally, or the survivor
(list information for both)
- C. Two Beneficiaries in Unequal Shares John Jones, 75% and Sally Smith, 25%, or the survivor
(list information for both)
- D. One Primary and One Contingent Beneficiary Mary R. Jones, if living, otherwise Sally Smith
(list information for both)
- E. One Primary and Two Contingent Beneficiaries Mary R. Jones, if living, otherwise Sally Smith and John Jones,
equally, or the survivor (list information for all)
- F. Trustee Mary R. Jones, Trustee, under trust agreement dated
- G. Insured's Estate My Estate

Do you know that if death occurs and a minor (a person not of legal age) is the beneficiary, it may be necessary to have a Guardian of the Estate of the minor or a Conservator for the minor appointed before any death benefit can be paid? This means legal expenses for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.

Completed beneficiary form can be mailed or faxed to:

**LifeMap Assurance Company
 Attn: Individual Products
 PO Box 1271, M/S E8L
 Portland Oregon 97207-1271
 Fax# (855) 207-1202**