



FARMERS LIFE INSURANCE COMPANY

Additional Beneficiary Designations

Beneficiary(ies) Type Primary Contingent Percentage _____% Gender Male Female

Full name _____ SSN/TIN _____ Date of birth (MM/DD/YYYY) _____

Relationship to owner(s) _____ Phone number _____ Email _____

Street address _____ City _____ State _____ ZIP _____

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