KANAWHA INSURANCE COMPANY
ABSOLUTE ASSIGNMENT AND BENEFICIARY CHANGE

1. The undersigned, as Owner of Policy No. _____ issued by KANAWHA INSURANCE COMPANY on the life of _____ for value received hereby assigns all rights, title, and interest in said Policy, including any additions, accumulated surplus or shares of surplus, declared or to be declared to the Assignee, the executors, administrators, successors and assigns of the following named Assignee.

_____

Full Name of Assignee SS# Telephone

_____

(ADDRESS OF Assignee)

the executors, administrators, successors and assigns of said Assignee.

_____

Full Name of Contingent Owner SS# Telephone

_____

(ADDRESS OF CONTINGENT OWNER)

The undersigned by this assignment transfers to said Assignee all incidents of ownership in said Policy, including any and all rights of the undersigned to receive dividends, to receive amounts payable at maturity, to receive disability income, if the Policy provides for such income, or to receive any other amounts payable under said Policy, and including the right to change the beneficiary therein, to obtain loans on the Policy, to assign the Policy, to surrender the same to the Company for its cash value, and to exercise any right, option or benefit contained in the Policy or permitted by the Insurance Company.

This assignment is not being made under any Trust, or as a pledge, or as security for indebtedness.

This assignment is subject to any assignment in favor of, or indebtedness to, the KANAWHA INSURANCE COMPANY.

This assignment shall not be binding on the Insurance Company until an executed original or a duplicate thereof is filed at the Home Office. The Company shall not be held responsible for the validity or sufficiency of this assignment.

If said Policy by its terms provides for payment of the proceeds thereof at maturity, either by reason of death of the Insured or as an endowment, otherwise than in one sum, request is hereby made that said proceeds be paid in one sum. If said Policy by its terms provides for any beneficiary or endowment payee who shall not have joined in this assignment, the appointment of each such beneficiary or endowment payee is hereby revoked. The foregoing provision for payment of the Policy proceeds in one sum shall take effect as of the date of execution hereof and prior to foregoing assignment, but only when endorsed on the Policy by the Company, whether or not the Insured be living at the time of endorsement.

If the number of more than one Policy is included above, this instrument shall be separately read with respect to each Policy.

If the Policy requires that the above change(s) be endorsed on the Policy, it is requested that the Policy be modified to permit this change(s) without endorsement of the Policy.

Witness - Agent_____ Owner_____

Witness - Notary Public_____ Date_____

My Commission Expires_____

2. Recognizing that prior Beneficiary designations are revoked by the above ownership change, the Assignee exercising ownership rights to the contract names the following:

If the Policy requires that the above change(s) be endorsed on the Policy, it is requested that the Policy be modified to permit this change(s) without endorsement of the Policy.

Primary Beneficiary:_____

Address:_____

Contingent Beneficiary:_____

Address:_____

Owner's Signature_____ Date_____

Witness/Agent/Notary Public_____ Date_____

My Commission Expires_____

This form should be executed in duplicate. Both original and duplicate should be forwarded to the Home Office together with the Policy for endorsement.

For Home Office use only:
Acknowledged and filed at the Home Office of the insurer in Lancaster, SC this_____day of_____, 20_____.

KANAWHA INSURANCE COMPANY

By _____
Authorized Officer