



Central Security Life Insurance Company  
 Western American Life Insurance Company  
**IRREVOCABLE BENEFICIARY CONSENT**

I, \_\_\_\_\_, being the irrevocable beneficiary  
of policy number \_\_\_\_\_, do hereby consent to  
\_\_\_\_\_’s (policyowner’s) request to \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
*(Irrevocable Beneficiary Signature)*

\_\_\_\_\_  
*(Date)*

State of \_\_\_\_\_ }  
} }  
County of \_\_\_\_\_ }

**Before** me, the undersigned authority, on this day personally appeared \_\_\_\_\_  
\_\_\_\_\_, known to me to be the person whose name is  
subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for  
the purpose therein expressed.

Given Under My Hand and Seal of Office

This \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
*(Notary Public)*

Notary’s Seal

Notary Public in and for \_\_\_\_\_  
County, \_\_\_\_\_.

My commission expires: \_\_\_\_\_.