



CHANGE OF BENEFICIARY

I authorize the Beneficiary designation for contract number \_\_\_\_\_, owned by \_\_\_\_\_ to be:

(Please print and complete ALL information requested – If not applicable indicate NA.)

PRIMARY BENEFICIARY:

1) \_\_\_\_\_
2) \_\_\_\_\_
3) \_\_\_\_\_
Name Relationship Address Social Security Number or Taxpayer ID Number

CONTINGENT/SECONDARY BENEFICIARY: (if Primary Beneficiary pre-deceases contract owner/annuitant)

1) \_\_\_\_\_
2) \_\_\_\_\_
3) \_\_\_\_\_
Name Relationship Address Social Security Number or Taxpayer ID Number

Unless otherwise noted, if more than one Beneficiary is named, we will assume that all Beneficiaries are to share equally. If there are more than three (3) beneficiaries, please attach a second page. This change revokes all prior designations made by me and is subject to all the terms and provisions of the contract.

The following is required by the IRS: UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT SOCIAL SECURITY OR TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACK-UP WITHHOLDING.

This form dated at \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ City/State

Signature of Owner \_\_\_\_\_ (\_\_\_\_\_) Owner's Social Security Number or Taxpayer ID Number Owner's Telephone Number

Signature of Witness\* \_\_\_\_\_ (\_\_\_\_\_) Telephone Number of Witness Owner's Email Address (if available)

\* The Owner's signature must be witnessed by an adult other than any beneficiary.

After we have recorded the change, an acknowledged copy of this form will be sent to you to be kept with your policy.

For Home Office Use Only

Recorded By: \_\_\_\_\_ Date: \_\_\_\_\_