# F&G Annuities & Life
# Change of Beneficiary Request Form

**Fidelity & Guaranty Life Insurance Company and Fidelity & Guaranty Life Insurance Company of New York**

## INSTRUCTIONS

**USE THIS FORM TO CHANGE OR UPDATE BENEFICIARIES ON YOUR ANNUITY CONTRACT OR LIFE INSURANCE POLICY. A CLEAR, CURRENT BENEFICIARY DESIGNATION IS EXTREMELY IMPORTANT TO BOTH THE POLICYHOLDER AND TO THE INSURANCE COMPANY.**

### IDENTIFICATION

We encourage all policyholders to name one or more contingent beneficiaries to their life insurance policies and annuity contracts in order to plan for the possibility that a primary beneficiary has predeceased the insured. Please carefully review your decisions and clearly identify intended beneficiaries. Review the following examples of common estate planning beneficiary instructions:

- **Insured's estate** – "Executors or Administrators of the Insured's Estate."

- **Corporation** – "The Brown Paper Company, Inc., an Iowa Corporation, its successors and assigns."

- **Partnership** – "John Doe and Sons, a partnership consisting of John Doe, James Doe, and Robert Doe, its successors or assigns."

- **Corporate trustees** – "Wells Fargo, Baltimore, MD, Trustee, or its successors in trust, under Trust Agreement dated February 12, 2015."

- **Individual trustee** – "John J. Jones Insurance Trust naming Mary Smith as Trustee under Trust Agreement date February 15, 2015."

- **Assignee** – "John Doe, assignee of Dave Smith."

### SIGNATURES

For our company to make requested changes, we must have all required signatures. If the policy is owned by:

- **Individual(s)** – All individual owners must sign.

- **Corporation, LLC** – Two officers of the company or managing member of the LLC must sign with title and provide either a corporate or board of director's resolution, a copy of the Articles of Incorporation or operating agreement for the LLC. Officer 2, sign in "Other Required Signature" section.

- **Partnership** – All partners must sign.

- **Trust** – All trustee(s) must sign with title "trustee" according to the terms of the Trust Agreement.

- **Irrevocable beneficiary** – Owner must have signed consent of beneficiary.

### RETURN COMPLETED FORM TO:

Fidelity & Guaranty Life Insurance Company Service Center, P.O. Box 81497 Lincoln, NE 68501-1497 — U.S. Mail

Fidelity & Guaranty Life Insurance Company Service Center, 777 Research Drive Lincoln, NE 68521 — Overnight

**New York Residents:**
Fidelity & Guaranty Life Insurance Company of New York Service Center, P.O. Box 81337 Lincoln, NE 68501-1337 — U.S. Mail

Customer Service: 888-513-8797 — Phone

Annuity: 402-328-2266
Life Insurance: 800-281-5777 — Fax

# F&G Annuities & Life
# Change of Beneficiary Request Form

**Fidelity & Guaranty Life Insurance Company and Fidelity & Guaranty Life Insurance Company of New York**

## OWNER

| Policy/Contract Number | Name: First / Middle Initial / Last | |
|---|---|---|
| | | |
| Phone Number | Email Address | |
| | | |

## PRIMARY BENEFICIARY 1

| Name: First / Middle Initial / Last | | | | |
|---|---|---|---|---|
| | | | | |
| Address | | | City | |
| | | | | |
| State | Zip | Phone Number | Email Address | |
| | | | | |
| Date of Birth | Social Security Number | Relationship to: (select one below) | State Nature of Relationship (below) | Benefit % |
| | – – | ○ Insured ○ Annuitant ○ Owner | | |

## PRIMARY BENEFICIARY 2

| Name: First / Middle Initial / Last | | | | |
|---|---|---|---|---|
| | | | | |
| Address | | | City | |
| | | | | |
| State | Zip | Phone Number | Email Address | |
| | | | | |
| Date of Birth | Social Security Number | Relationship to: (select one below) | State Nature of Relationship (below) | Benefit % |
| | – – | ○ Insured ○ Annuitant ○ Owner | | |

## PRIMARY BENEFICIARY 3

| Name: First / Middle Initial / Last | | | | |
|---|---|---|---|---|
| | | | | |
| Address | | | City | |
| | | | | |
| State | Zip | Phone Number | Email Address | |
| | | | | |
| Date of Birth | Social Security Number | Relationship to: (select one below) | State Nature of Relationship (below) | Benefit % |
| | – – | ○ Insured ○ Annuitant ○ Owner | | |

### THE TOTAL BENEFIT ALLOCATED MUST EQUAL 100.00%

**ALLOCATIONS** – Indicate the proper distributions in percentage format for each party indicated on this form. Allocations need not be equal.
**However, allocations for all primary beneficiaries <u>must equal 100.00%</u>. Likewise, allocations for contingent beneficiaries <u>must equal 100.00%</u>.**

Should you need to add any additional beneficiaries beyond the space allowed on this form, please attach an additional page with the exact beneficiary information required on the form for each additional beneficiary. Please be sure to include the additional beneficiaries in the total allocation amount (100.00%). The additional page must be signed and dated.

ADMIN 5742 (09-2017)　　**Fidelity & Guaranty Life Insurance Company**
**and Fidelity & Guaranty Life Insurance Company of New York**　　Rev. 09-2018　18-1050

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## CONTINGENT BENEFICIARY 1

| Name: First / Middle Initial / Last | | | | | |
|---|---|---|---|---|---|
| Address | | | | City | |
| State | Zip | Phone Number | | Email Address | |
| Date of Birth | | Social Security Number _ _ | Relationship to: (select one below) ◯ Insured ◯ Annuitant ◯ Owner | State Nature of Relationship (below) | **Benefit %** |

## CONTINGENT BENEFICIARY 2

| Name: First / Middle Initial / Last | | | | | |
|---|---|---|---|---|---|
| Address | | | | City | |
| State | Zip | Phone Number | | Email Address | |
| Date of Birth | | Social Security Number _ _ | Relationship to: (select one below) ◯ Insured ◯ Annuitant ◯ Owner | State Nature of Relationship (below) | **Benefit %** |

## CONTINGENT BENEFICIARY 3

| Name: First / Middle Initial / Last | | | | | |
|---|---|---|---|---|---|
| Address | | | | City | |
| State | Zip | Phone Number | | Email Address | |
| Date of Birth | | Social Security Number _ _ | Relationship to: (select one below) ◯ Insured ◯ Annuitant ◯ Owner | State Nature of Relationship (below) | **Benefit %** |

## AUTHORIZATION

This request is subject to the provisions and conditions of my contract/policy.
I understand additional information may be required to process this change and I further understand if this form is in good order this submission revokes all prior designations.

\* Witness can be any disinterested third party (Beneficiary cannot be a witness).

| | Date |
|---|---|
| Owner(s) and/or Assignee(s) Signature(s) (required) | Date |
| All Irrevocable Beneficiaries (if applicable) | Date |
| Witness Signature* (required) | Date |
| Other Required Signature (if any) | Date |