



Change Of Beneficiary (Life and / or Annuity)

POLICY / CONTRACT INFORMATION

OWNER'S NAME (First, Middle, Last)

[Text input field for Owner's Name]

POLICY / CONTRACT NUMBER

[Text input field for Policy / Contract Number]

INSURED/ANNUITANT'S NAME (First, Middle, Last)

[Text input field for Insured/Annuitant's Name]

CHANGE OF BENEFICIARY

The Company is directed to cancel all prior beneficiary designations and settlement options, and to change the beneficiary arrangements as follows:

NAME (First, Middle, Last)

[Text input field for Beneficiary Name]

SOCIAL SECURITY NUMBER / TIN

[Text input field for Social Security Number / TIN]

Check if TIN

[Check box for TIN]

DATE OF BIRTH / TRUST (MM/DD/YYYY)

[Text input field for Date of Birth / Trust]

TELEPHONE NUMBER (include area code)

[Text input field for Telephone Number]

EMAIL ADDRESS

[Text input field for Email Address]

ADDRESS

[Text input field for Address]

CITY

[Text input field for City]

STATE

[Text input field for State]

ZIP

[Text input field for ZIP]

RELATIONSHIP

[Text input field for Relationship]

BENEFICIARY TYPE

[Check box] Primary [Check box] Contingent

NAME (First, Middle, Last)

[Text input field for Beneficiary Name]

SOCIAL SECURITY NUMBER / TIN

[Text input field for Social Security Number / TIN]

Check if TIN

[Check box for TIN]

DATE OF BIRTH / TRUST (MM/DD/YYYY)

[Text input field for Date of Birth / Trust]

TELEPHONE NUMBER (include area code)

[Text input field for Telephone Number]

EMAIL ADDRESS

[Text input field for Email Address]

ADDRESS

[Text input field for Address]

CITY

[Text input field for City]

STATE

[Text input field for State]

ZIP

[Text input field for ZIP]

RELATIONSHIP

[Text input field for Relationship]

BENEFICIARY TYPE

[Check box] Primary [Check box] Contingent



**CHANGE OF BENEFICIARY - Continued**

**NAME (First, Middle, Last)**

**SOCIAL SECURITY NUMBER / TIN**

Check if TIN

**DATE OF BIRTH / TRUST (MM/DD/YYYY)**

**TELEPHONE NUMBER (include area code)**

**EMAIL ADDRESS**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**RELATIONSHIP**

**BENEFICIARY TYPE**

Primary

Contingent

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**NAME (First, Middle, Last)**

**SOCIAL SECURITY NUMBER / TIN**

Check if TIN

**DATE OF BIRTH / TRUST (MM/DD/YYYY)**

**TELEPHONE NUMBER (include area code)**

**EMAIL ADDRESS**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**RELATIONSHIP**

**BENEFICIARY TYPE**

Primary

Contingent

If more beneficiaries are named, please submit a separate written request. Please include the policy number and the names of the beneficiaries, type of beneficiary (Primary/Contingent), their address, phone number, email address, Social Security Numbers, relationship to the owner or annuitant and their date of birth. The owner must sign and date the separate request.



## SPOUSAL CONSENT

Required for contracts where owner resides in AZ, CA, ID, LA, NM, NV, TX, WA, or WI, if the spouse is not named as the sole primary beneficiary on the contract.

If you are married and have designated any primary beneficiary(ies) other than your spouse, your spouse must consent by signing below. Please consult your tax advisor about the implications of this beneficiary designation.

I certify that I am the spouse of the named contract owner, and consent to my spouse designating the person(s) listed on previous pages as beneficiaries. I understand and acknowledge that as a result of this consent, I will not receive any benefits payable under this contract.

Print Name \_\_\_\_\_  
SPOUSE

Sign Here \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE OF SPOUSE

## OPTIONAL PAYOUT ELECTION

Applicable only to a natural person named as Beneficiary with no rights to convert contract or withdrawal of commuted value of unpaid payments.

### Duration

Life With  (5 or 10) Years Period Certain  Period Certain for  (5 or 10) Years

### Frequency

Monthly  Quarterly  Semi-annually  Annually

## NAMING FUTURE LAWFUL CHILDREN

If only children of the insured/annuitant (and no one else) are named as First Contingent Beneficiary above, and no children of the insured are named as Primary Beneficiary, and it is desired that present and all future lawful children of the insured/annuitant be included to share equally in the proceeds as first contingent beneficiary, then check the following:

In addition to the children named above, I (we) hereby intend that the Insured's future lawful children who survive the Insured be included to share equally in the net proceeds due at the Insured's death. "Lawful children" shall mean only those children born of or legally adopted by the Insured. The term "lawful children" shall not include step children.

## PROVISIONS APPLICABLE TO TRUSTS

- Payment of the net proceeds to any trustee shall fully, finally and forever discharge the Company from any and all liability to the extent of any payments so made.
- If, in the case of a living trust or pension trust, said trust has been revoked or is otherwise not in existence on the date of the Insured's death, then the net proceeds of the Policy which were to be paid to said trust shall be paid to the named First Contingent Beneficiary. If no First Contingent Beneficiary is named or if the trust is the named First Contingent Beneficiary and the Primary Beneficiary does not survive the Insured, then the net proceeds of the Policy will be paid to the Final Beneficiary.
- In the case of a testamentary trust, if the trustee fails to make written claim to the Company, together with a certified copy of the Will as admitted to probate, within one hundred eighty (180) days of the Insured's death, then the net proceeds which was to be paid to said trust shall be paid to the named First Contingent Beneficiary. If no First Contingent Beneficiary is named or if the testamentary trust was the named First Contingent Beneficiary and the Primary Beneficiary does not survive the Insured, then the net proceeds of the Policy will be paid to the Final Beneficiary.



**RULES APPLICABLE TO ALL BENEFICIARIES**

If more than one beneficiary is named in any class, payment shall be made in equal shares to the beneficiaries named in the highest class who survive the Insured, unless otherwise directed herein.

**FINAL BENEFICIARY:** If no designated beneficiary survives the Insured, the net proceeds of this policy shall be payable to the Owner, or if applicable to the Owner’s estate. This Final Beneficiary amends and changes any final beneficiary designation in the policy in conflict with this beneficiary.

**DEFERRAL OF PAYMENT: Applicable only to a natural person named as Beneficiary**

**Check if desired and fill in blank. The net proceeds will be paid in accordance with the terms of the policy and this form, except no payment will be made to a beneficiary, other than the Final Beneficiary or a Trustee, until the expiration of \_\_\_\_ days (NOT TO EXCEED 90 DAYS) after the death of the Insured. If a beneficiary does not survive this period, payment will be made as though the beneficiary had died before the Insured.**

**CERTIFICATION AND AUTHORIZATION**

This Change of Beneficiary, when received and recorded at the Home Office of the Company, shall be effective as of the date it was properly executed, subject to any payment made by the Company or action taken by it before receipt of such change. Such change is also subject to the rights of any assignee of record with the Company. The undersigned Owner certifies that he or she has possession and control of the policy; and that no other person, corporation, or association has any claim to or interest in such policy by virtue of any sale, assignment, pledge, separation or divorce agreement, or court order, unless noted herein.

Print Name \_\_\_\_\_  
OWNER

Sign Here \_\_\_\_\_  
SIGNATURE OF OWNER

Date \_\_\_\_\_

Print Name \_\_\_\_\_  
WITNESS

Sign Here \_\_\_\_\_  
SIGNATURE OF WITNESS (OTHER THAN BENEFICIARY)

Date \_\_\_\_\_

