



# Beneficiary Change

For questions or help with this form, call us at **877-253-2323**.  
Throughout this form, “the Company” refers to the issuing company.<sup>1</sup>

**This Beneficiary Change Form CANCELS and replaces all prior beneficiary changes you have submitted to us.**

**1** **Contract Information (please print clearly)**

Contract Number	
Owner	SSN/TIN
Co-Owner (if applicable)	SSN/TIN

☐ Check here if your address has changed and we will update your address. Any requests for financial transactions received in the next 30 days will require an original **signature guarantee**. You can get a signature guarantee stamp at an FDIC-insured bank; a member firm of the New York, American, Boston, Midwest, Philadelphia, or Pacific Stock Exchange; or any company that is a member of the Securities Transfer Agents Medallion Program (STAMP).

Address		
City	State	Zip Code
Email Address	Daytime Phone	

- If you wish to designate a predetermined beneficiary payout election for your beneficiary, please contact Customer Service for more information and to receive the required forms. Not all predetermined beneficiary payout options are available for all product types.
- All primary and contingent beneficiary designations in effect during the accumulation phase are revoked automatically when the income phase of the contract begins.



<sup>1</sup> Delaware Life Insurance Company (Waltham, MA) is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group One Thousand One, LLC (“Group1001”).  
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## 2 Beneficiary Information (please print clearly)

Beneficiary Name				SSN/TIN	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Owner(s)	
Address					
City			State	Zip Code	
Email Address				Phone Number	

Beneficiary Name				SSN/TIN	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Owner(s)	
Address					
City			State	Zip Code	
Email Address				Phone Number	

Beneficiary Name				SSN/TIN	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Owner(s)	
Address					
City			State	Zip Code	
Email Address				Phone Number	

Beneficiary Name				SSN/TIN	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Owner(s)	
Address					
City			State	Zip Code	
Email Address				Phone Number	

## 2 Beneficiary Information (continued)

- To list additional beneficiaries, please attach a separate document with the above information included. Please be sure to sign the additional page as well as section 4.
- If you name primary beneficiaries and contingent beneficiaries the total for each class must add up to 100%.
- Multiple beneficiaries in the same class (primary or contingent) share equally unless you direct otherwise. However, if a natural person beneficiary does not survive you and there are other beneficiaries in the same class that are alive, the death benefit will be split proportionally among the other beneficiaries of the same class unless you instruct us otherwise.

## 3 Reason for Change of Primary Beneficiary on Certain Qualified Contracts

Complete this section **ONLY** if:

1. Your contract is a Traditional IRA, SEP IRA or 403(b);
2. You are over the age of 70 ½;
3. The current sole, primary beneficiary is your spouse, who is more than 10 years younger than you; and
4. You are making a change to the primary beneficiary designation.

Is this change due to the death of your spouse or divorce?..... ☐ Yes ☐ No

**Your Required Minimum Distribution may need to be recalculated. Please contact us for further information.**

## 4 Signature(s)

**All owners must sign this form.**

If you are signing this form as a fiduciary (power of attorney, trustee, guardian, custodian, etc.), please sign in your fiduciary capacity. Please submit your authorizing documents to process this request. All owners must sign this form. If the contract is owned by a corporation, (an) authorized officer(s) of the corporation must sign this form and provide his or her title. Please submit a corporate resolution authorizing the changes to process this request.

By signing this form, I understand and agree that:

- All primary and contingent beneficiary designations in effect during the accumulation phase are revoked automatically when the income phase of the contract begins.
- If you have a living benefit with joint life coverage and your spouse is removed as your sole primary beneficiary, your joint life coverage will be changed to single life coverage.
- This beneficiary designation will remain in effect during the accumulation phase of the contract unless a subsequent Beneficiary Change form is submitted and accepted by the Company.
- A guardian may be required for beneficiaries who are minors at the time of the distribution of the death benefit. Additional paperwork may be required.

Owner's Signature

X

Date (mm/dd/yyyy)

Please Print Name Below

Co-Owner's Signature (if applicable)

X

Date (mm/dd/yyyy)

Please Print Name Below

## Contact Us

### By mail

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P.O. Box 758581  
Topeka, KS 66675-8581

### By express mail

Delaware Life  
Mail Zone 581  
5801 SW 6th Avenue  
Topeka, KS 66636

### By fax

785-286-6118

### Online

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### By phone

Customer Service **877-253-2323** M-F 7:30 a.m.-5:00 p.m., CT