



Per Stirpes Beneficiary Designation

This beneficiary designation form **CANCELS** all prior primary and contingent beneficiary designations you have submitted to us.

Use this form to designate primary beneficiary(ies), who will receive the death benefit under the contract identified in section 1.

Use this form to designate contingent beneficiary(ies), who will receive the death benefit in the event that all primary beneficiary (not designated as per stirpes) predecease the owner/annuitant.

For questions or help with this form, call us at **877-253-2323**.

Throughout this form, “the Company” refers to the issuing company.¹

1 Contract Information (please print clearly)

Contract Number

Owner

SSN/TIN

Co-Owner

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

Please remember:

- 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.
- 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.



¹ 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 Group1001.

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2 Beneficiary Information (please print clearly)

- To name additional beneficiaries, please attach an additional page with the requested information included. **Please be sure to sign and date the additional page** as well as section 4.
- The total percentage distribution for all primary beneficiaries must equal 100%. The total percentage distribution for all contingent beneficiaries must equal 100%. If you name multiple beneficiaries but do not assign a percentage distribution, we will distribute the benefit equally.

Beneficiary Name (required)				SSN/TIN (required)	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage (must be a whole number) %	Date of Birth (mm/dd/yyyy)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (required)					
City			State		Zip Code
Email Address		Phone Number		Relationship to Owner(s)	

Beneficiary Name (required)				SSN/TIN (required)	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage (must be a whole number) %	Date of Birth (mm/dd/yyyy)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (required)					
City			State		Zip Code
Email Address		Phone Number		Relationship to Owner(s)	

Beneficiary Name (required)				SSN/TIN (required)	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage (must be a whole number) %	Date of Birth (mm/dd/yyyy)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (required)					
City			State		Zip Code
Email Address		Phone Number		Relationship to Owner(s)	

2 Beneficiary Information (continued)

Beneficiary Name (required)				SSN/TIN (required)	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage (must be a whole number) %	Date of Birth (mm/dd/yyyy)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (required)					
City			State		Zip Code
Email Address		Phone Number		Relationship to Owner(s)	

3 Instructions

Minor beneficiaries. Any payment due to a minor beneficiary shall be made to the legally appointed guardian of the minor, unless otherwise permitted by law. Alternatively, and assuming the benefit amount is within the state-specific applicable limit, we suggest you contact your legal advisor to consider designating the benefit to be paid under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA).

Per stirpes. If a beneficiary is designated as per stirpes and predeceases the owner/annuitant, leaving children of his or her own, the predeceased beneficiary's share of the death benefit will be equally distributed to those children, or their children's children, down the line. If a beneficiary is not designated as per stirpes and predeceases the owner/annuitant, that predeceased beneficiary's share shall be reallocated equally among the surviving beneficiaries.

In determining the descendants of any predeceased per stirpes beneficiary, the Company may rely on written representations it deems authoritative, in its sole discretion, from third parties, including my attorneys, the executor/personal representative of my estate, the attorneys for the executor/personal representative, or one or more of my surviving spouse or children. I understand that the Company cannot independently verify the descendants of any per stirpes beneficiaries and on behalf of myself and all beneficiaries, release it from liability for distribution errors based on such written representations. In addition (or alternatively), the Company may retain its own counsel or investigators to assist in beneficiary determinations and may apply for instructions from a court of competent jurisdiction. I agree on behalf of myself, my estate and my heirs and beneficiaries (and their heirs), that the costs of counsel, investigators, or the proceeding will be deducted from the death benefit amount.

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/we understand and agree that:

- I (we), the owner(s) of the contract referenced on page 1, **revoke all prior primary and contingent beneficiary designations** and instruct the Company to accept the instructions as detailed on this form and any attached pages.
- 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.
- 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.

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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