

Optional- This form is to be used if the space on the application is not sufficient to reflect all primary beneficiaries and/or contingent beneficiaries. Please mark on the application "see attached". If more space is needed, please use an additional form.

Owner's Beneficiary Designation*

For individual owners, the death benefit is payable to the owner's primary beneficiary. If the owner's primary beneficiary is no longer living at the time of the owner's death, the owner's contingent beneficiary will receive the death benefit. For joint owners, the death benefit is payable on the death of the first owner (except in cases of spousal continuance) and the surviving joint owner is the designated sole primary beneficiary. Name only contingent beneficiaries below. Note: Complete the Owner's Beneficiary Section if you want to name someone other than the surviving owner to receive 100% of the death benefit. If the owner's primary beneficiary is no longer living at the time of the owner's death, the owner's contingent beneficiary will receive the death benefit proceeds.

☐ Primary ☐ Contingent ☐ Per Stirpes ☐ Per Capita

| | | | |
|---|-----------------------|----------------------|-------------------------|
| First Name | MI | Last Name | Birth Date (mm/dd/yyyy) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Social Security Number (SSN) | Relationship to Owner | Phone Number | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Beneficiary's Mailing Address (must be completed) | | | Percentage** |
| <input type="text"/> | | | <input type="text"/> % |
| City | State | Zip Code | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

☐ Primary ☐ Contingent ☐ Per Stirpes ☐ Per Capita

| | | | |
|---|-----------------------|----------------------|-------------------------|
| First Name | MI | Last Name | Birth Date (mm/dd/yyyy) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Social Security Number (SSN) | Relationship to Owner | Phone Number | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Beneficiary's Mailing Address (must be completed) | | | Percentage** |
| <input type="text"/> | | | <input type="text"/> % |
| City | State | Zip Code | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

☐ Primary ☐ Contingent ☐ Per Stirpes ☐ Per Capita

| | | | |
|---|-----------------------|----------------------|-------------------------|
| First Name | MI | Last Name | Birth Date (mm/dd/yyyy) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Social Security Number (SSN) | Relationship to Owner | Phone Number | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Beneficiary's Mailing Address (must be completed) | | | Percentage** |
| <input type="text"/> | | | <input type="text"/> % |
| City | State | Zip Code | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

☐ Trust*** ☐ Corporation ☐ Estate ☐ Other

| | |
|----------------------|--|
| Full Name | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent |
| <input type="text"/> | |
| Tax ID Number (TIN) | Trust Date (mm/dd/yyyy) |
| <input type="text"/> | <input type="text"/> |
| | Percentage** |
| | <input type="text"/> % |

*In order to verify beneficiary identification, a request to obtain information will be sent to the Owner following issue of the contract.

**Must equal 100%.

***Certification of Trust Agreement (form 10112Y) must be attached.



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Annuitant's Beneficiary Designation*

Complete this section only if the product selected allows for annuitant beneficiaries and the owner(s) and annuitant(s) are not the same. In the event of the annuitant's death, death benefit proceeds are payable to the annuitant's primary beneficiary. If there are joint annuitants, the death benefit is payable upon the second death. If the annuitant's primary beneficiary is no longer living at the time of the annuitant's death, the annuitant's contingent beneficiary will receive the death benefit proceeds.

☐ Primary ☐ Contingent ☐ Per Stirpes ☐ Per Capita

First Name MI Last Name Birth Date (mm/dd/yyyy) - -

Social Security Number (SSN) - - Relationship to Annuitant Phone Number - -

Beneficiary's Mailing Address (must be completed) Percentage** . %

City State Zip Code

☐ Primary ☐ Contingent ☐ Per Stirpes ☐ Per Capita

First Name MI Last Name Birth Date (mm/dd/yyyy) - -

Social Security Number (SSN) - - Relationship to Annuitant Phone Number - -

Beneficiary's Mailing Address (must be completed) Percentage** . %

City State Zip Code

☐ Primary ☐ Contingent ☐ Per Stirpes ☐ Per Capita

First Name MI Last Name Birth Date (mm/dd/yyyy) - -

Social Security Number (SSN) - - Relationship to Annuitant Phone Number - -

Beneficiary's Mailing Address (must be completed) Percentage** . %

City State Zip Code

☐ Trust*** ☐ Corporation ☐ Estate ☐ Other

Full Name ☐ Primary ☐ Contingent

Tax ID Number (TIN) Trust Date (mm/dd/yyyy) - - Percentage** . %

*In order to verify beneficiary identification, a request to obtain information will be sent to the Owner following issue of the contract.

Must equal 100%. *Certification of Trust Agreement (form 10112Y) must be attached.

Owner's Name (please print)

Joint Owner's Name (please print)

Date / /

Owner's Signature

Joint Owner's Signature



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