

# Annuity Beneficiary Change Request with Restricted Payout Instructions

Mail to: P.O. Box 79907, Des Moines, IA 50325-0907  
Overnight to: 4350 Westown Pkwy, West Des Moines, IA 50266

## I. Contract Holder Information

Annuity Contract Number

Owner's First Name

MI

Last Name

Social Security Number

 -  - 

Joint Owner's First Name

MI

Last Name

Social Security Number

 -  - 

Trust or Corporation Name (If current owner is a Trust or Corporation)

Tax ID Number (If current owner is a Trust or Corporation)

 - 

Owner's Mailing Address

Phone Number

 -  - 

City

State

Zip Code

 - 

## II. Beneficiary Change Information

I hereby revoke all previous beneficiary designations and change the beneficiary(ies) according to Sections V. through VIII. of this form.

The new beneficiary designations are: ☐ Revocable ☐ Irrevocable (If no box is checked, the beneficiary designation will be revocable.)

- Irrevocable beneficiary designations require the signature of the irrevocable beneficiary in Section IX. If you choose an irrevocable beneficiary, written consent is required before any future changes can be made.
- If a trust is listed as a beneficiary, the Certification of Trust Agreement (form 10112Y) must accompany this form.
- If this form is completed and signed by an Attorney-in-Fact, the Certificate of Power of Attorney (19656Y) must accompany this form.
- In order to meet IRS requirements, if there are joint owners, death proceeds are payable upon the death of the first owner. The Death Benefit proceeds will be payable to the owner's primary beneficiary. If the surviving owner is not the owner's primary beneficiary, they will not be entitled to the proceeds upon the death of the first owner.
- If there are joint annuitants, death proceeds are payable upon the death of the second annuitant.
- This Beneficiary Change Request form meets the Written Notice requirement defined in the annuity Contract.
- If you want to designate more beneficiaries than this form allows, please fill out the required information on a separate sheet of paper that is signed and dated according to Section IX of this form. Attach it to this form.
- Please designate if you want the beneficiary designation to be Per Stirpes or Per Capita. If an election is not made then by default it will be Per Capita. Per Stirpes designations require a listing of the children on a separate sheet of paper that is signed and dated. The list must include the children's names, addresses, phone numbers, dates of birth, and social security numbers.
  - Per Stirpes definition: A common way of distributing proceeds where if one or more beneficiaries has died, his or her children share equally in his or her share of the proceeds.
  - Per Capita definition: Proceeds are split amongst the beneficiaries that survive the owner/annuitant. If one of the beneficiaries does not survive the owner/annuitant than the remaining beneficiaries receive the proceeds split equally.
- In order to distribute future annuity proceeds accurately and according to your wishes please provide the current phone number and address for each beneficiary.
- In order to make the requested change we request that the following information be provided: Beneficiary name, SSN, relationship code and Percentage of Proceeds.

## III. Summary of Death Benefit Distribution Options

- Life Annuity: Proceeds paid in equal installments for the beneficiary's lifetime.
- Life Annuity WITH Period Certain: Proceeds paid in equal installments for a guaranteed number of payments, and then for as long as the beneficiary is living.
- Income for a Specified Amount: Proceeds paid as a specified amount until the principal and interest are exhausted.
- Income for a Specified Period: Proceeds are paid in equal installments for a specified number of years.
- Multi-Generational Distribution Option: Available on IRA's only. A non-spouse can elect to purchase a new contract from proceeds of a deceased IRA and proceeds are paid over the beneficiary's life expectancy.

## IV. Relationship Code Information

Please use the codes below to fill out the Relationship Code information in Sections V. through VIII.

01 - Spouse

05 - Son

08 - Sister

19 - Grandson

33 - Niece

03 - Father

06 - Daughter

13 - Stepson

20 - Granddaughter

55 - Other

04 - Mother

07 - Brother

14 - Stepdaughter

32 - Nephew



\$171066

\$1710660

## V. Owner's Primary Beneficiary Designation

In the event of the owner's death, Death Benefit proceeds are payable to the owner's primary beneficiary. If there are joint owners, the Death Benefit is payable upon the first death.

Beneficiary's First Name	MI	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Relationship Code	Birth Date (mm/dd/year)	% of Proceeds
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Beneficiary's Mailing Address (must be completed)		Beneficiary's Phone Number	
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	
The beneficiary designation is: <input type="checkbox"/> Per Capita <input type="checkbox"/> Per Stirpes (If no box is checked, the beneficiary designation will be per capita.)			

### Restriction Instructions

☐ No Restriction. The beneficiary may elect the death benefit distribution option.

☐ With Restriction. Select payout method (choose one)

☐ Multi-Generational Distribution Option (only available on IRA's)

☐ Life Annuity

☐ Life Annuity WITH Period Certain - Number of years  \*

☐ Income for a Specified Amount - Specified Amount \$  \*

☐ Income for a Specified Period - Number of years  \* \*Minimum 5 Years

### Payment Schedule (Choose One)

☐ Monthly

☐ Quarterly

☐ Semi-Annually

☐ Annually

Beneficiary's First Name	MI	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Relationship Code	Birth Date (mm/dd/year)	% of Proceeds
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Beneficiary's Mailing Address (must be completed)		Beneficiary's Phone Number	
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	
The beneficiary designation is: <input type="checkbox"/> Per Capita <input type="checkbox"/> Per Stirpes (If no box is checked, the beneficiary designation will be per capita.)			

### Restriction Instructions

☐ No Restriction. The beneficiary may elect the death benefit distribution option.

☐ With Restriction. Select payout method (choose one)

☐ Multi-Generational Distribution Option (only available on IRA's)

☐ Life Annuity

☐ Life Annuity WITH Period Certain - Number of years  \*

☐ Income for a Specified Amount - Specified Amount \$  \*

☐ Income for a Specified Period - Number of years  \* \*Minimum 5 Years

### Payment Schedule (Choose One)

☐ Monthly

☐ Quarterly

☐ Semi-Annually

☐ Annually

Trust (or other non-living entity, e.g., corporation, estate, etc.) Certification of Trust Agreement (form 10112Y) must be attached.

<input type="text"/>
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Tax Identification Number	Trust Date	% of Proceeds
<input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

### Restriction Instructions

☐ No Restriction. The beneficiary may elect the death benefit distribution option.

☐ With Restriction. Select payout method (choose one)

☐ Multi-Generational Distribution Option (only available on IRA's)

☐ Income for a Specified Amount - Specified Amount \$  \*

☐ Income for a Specified Period - Number of years  \* \*Minimum 5 Years

### Payment Schedule (Choose One)

☐ Monthly

☐ Quarterly

☐ Semi-Annually

☐ Annually



\$171067

\$1710670

## VI. Owner's Contingent Beneficiary Designation

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.

Beneficiary's First Name	MI	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security Number	Relationship Code	Birth Date (mm/dd/year)	% of Proceeds	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	
Beneficiary's Mailing Address (must be completed)			Beneficiary's Phone Number	
<input type="text"/>			<input type="text"/> - <input type="text"/> - <input type="text"/>	
City			State	Zip Code
<input type="text"/>			<input type="text"/>	<input type="text"/> - <input type="text"/>

The beneficiary designation is: ☐ Per Capita ☐ Per Stirpes (If no box is checked, the beneficiary designation will be per capita.)

### Restriction Instructions

☐ No Restriction. The beneficiary may elect the death benefit distribution option.

☐ With Restriction. Select payout method (choose one)

☐ Multi-Generational Distribution Option (only available on IRA's)

☐ Life Annuity

☐ Life Annuity WITH Period Certain - Number of years  \*

☐ Income for a Specified Amount - Specified Amount \$  \*

☐ Income for a Specified Period - Number of years  \* \*Minimum 5 Years

### Payment Schedule (Choose One)

☐ Monthly ☐ Quarterly

☐ Semi-Annually ☐ Annually

Beneficiary's First Name	MI	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security Number	Relationship Code	Birth Date (mm/dd/year)	% of Proceeds	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	
Beneficiary's Mailing Address (must be completed)			Beneficiary's Phone Number	
<input type="text"/>			<input type="text"/> - <input type="text"/> - <input type="text"/>	
City			State	Zip Code
<input type="text"/>			<input type="text"/>	<input type="text"/> - <input type="text"/>

The beneficiary designation is: ☐ Per Capita ☐ Per Stirpes (If no box is checked, the beneficiary designation will be per capita.)

### Restriction Instructions

☐ No Restriction. The beneficiary may elect the death benefit distribution option.

☐ With Restriction. Select payout method (choose one)

☐ Multi-Generational Distribution Option (only available on IRA's)

☐ Life Annuity

☐ Life Annuity WITH Period Certain - Number of years  \*

☐ Income for a Specified Amount - Specified Amount \$  \*

☐ Income for a Specified Period - Number of years  \* \*Minimum 5 Years

### Payment Schedule (Choose One)

☐ Monthly ☐ Quarterly

☐ Semi-Annually ☐ Annually

Trust (or other non-living entity, e.g., corporation, estate, etc.) Certification of Trust Agreement (form 10112Y) must be attached.

<input type="text"/>
----------------------

Tax Identification Number	Trust Date	% of Proceeds
<input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

### Restriction Instructions

☐ No Restriction. The beneficiary may elect the death benefit distribution option.

☐ With Restriction. Select payout method (choose one)

☐ Multi-Generational Distribution Option (only available on IRA's)

☐ Income for a Specified Amount - Specified Amount \$  \*

☐ Income for a Specified Period - Number of years  \* \*Minimum 5 Years

### Payment Schedule (Choose One)

☐ Monthly ☐ Quarterly

☐ Semi-Annually ☐ Annually



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## VII. Annuitant's Primary Beneficiary Designation

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. **Complete this section only if the owner(s) and annuitant(s) are not the same.**

Beneficiary's First Name

MI

Last Name

Social Security Number

Relationship Code

Birth Date (mm/dd/year)

% of Proceeds

Beneficiary's Mailing Address (must be completed)

Beneficiary's Phone Number

City

State

Zip Code

The beneficiary designation is: ☐ Per Capita ☐ Per Stirpes (If no box is checked, the beneficiary designation will be per capita.)

### Restriction Instructions

☐ No Restriction. The beneficiary may elect the death benefit distribution option.

☐ With Restriction. Select payout method (choose one)

☐ Multi-Generational Distribution Option (only available on IRA's)

☐ Life Annuity

☐ Life Annuity WITH Period Certain - Number of years

\*

☐ Income for a Specified Amount - Specified Amount \$

\*

☐ Income for a Specified Period - Number of years

\*

\*Minimum 5 Years

Payment Schedule (Choose One)

☐ Monthly

☐ Quarterly

☐ Semi-Annually

☐ Annually

Beneficiary's First Name

MI

Last Name

Social Security Number

Relationship Code

Birth Date (mm/dd/year)

% of Proceeds

Beneficiary's Mailing Address (must be completed)

Beneficiary's Phone Number

City

State

Zip Code

The beneficiary designation is: ☐ Per Capita ☐ Per Stirpes (If no box is checked, the beneficiary designation will be per capita.)

### Restriction Instructions

☐ No Restriction. The beneficiary may elect the death benefit distribution option.

☐ With Restriction. Select payout method (choose one)

☐ Multi-Generational Distribution Option (only available on IRA's)

☐ Life Annuity

☐ Life Annuity WITH Period Certain - Number of years

\*

☐ Income for a Specified Amount - Specified Amount \$

\*

☐ Income for a Specified Period - Number of years

\*

\*Minimum 5 Years

Payment Schedule (Choose One)

☐ Monthly

☐ Quarterly

☐ Semi-Annually

☐ Annually

Trust (or other non-living entity, e.g., corporation, estate, etc.) Certification of Trust Agreement (form 10112Y) must be attached.

Tax Identification Number

Trust Date

% of Proceeds

### Restriction Instructions

☐ No Restriction. The beneficiary may elect the death benefit distribution option.

☐ With Restriction. Select payout method (choose one)

☐ Multi-Generational Distribution Option (only available on IRA's)

☐ Income for a Specified Amount - Specified Amount \$

\*

☐ Income for a Specified Period - Number of years

\*

\*Minimum 5 Years

Payment Schedule (Choose One)

☐ Monthly

☐ Quarterly

☐ Semi-Annually

☐ Annually



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\$1710690

### VIII. Annuitant's Contingent Beneficiary Designation

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.

**Complete this section only if the owner(s) and annuitant(s) are not the same.**

Beneficiary's First Name

MI

Last Name

Social Security Number

Relationship Code

Birth Date (mm/dd/year)

% of Proceeds

Beneficiary's Mailing Address (must be completed)

Beneficiary's Phone Number

City

State

Zip Code

The beneficiary designation is: ☐ Per Capita ☐ Per Stirpes (If no box is checked, the beneficiary designation will be per capita.)

#### Restriction Instructions

☐ No Restriction. The beneficiary may elect the death benefit distribution option.

☐ With Restriction. Select payout method (choose one)

☐ Multi-Generational Distribution Option (only available on IRA's)

☐ Life Annuity

☐ Life Annuity WITH Period Certain - Number of years

☐ Income for a Specified Amount - Specified Amount \$

☐ Income for a Specified Period - Number of years

\*Minimum 5 Years

**Payment Schedule** (Choose One)

☐ Monthly

☐ Quarterly

☐ Semi-Annually

☐ Annually

Beneficiary's First Name

MI

Last Name

Social Security Number

Relationship Code

Birth Date (mm/dd/year)

% of Proceeds

Beneficiary's Mailing Address (must be completed)

Beneficiary's Phone Number

City

State

Zip Code

The beneficiary designation is: ☐ Per Capita ☐ Per Stirpes (If no box is checked, the beneficiary designation will be per capita.)

#### Restriction Instructions

☐ No Restriction. The beneficiary may elect the death benefit distribution option.

☐ With Restriction. Select payout method (choose one)

☐ Multi-Generational Distribution Option (only available on IRA's)

☐ Life Annuity

☐ Life Annuity WITH Period Certain - Number of years

☐ Income for a Specified Amount - Specified Amount \$

☐ Income for a Specified Period - Number of years

\*Minimum 5 Years

**Payment Schedule** (Choose One)

☐ Monthly

☐ Quarterly

☐ Semi-Annually

☐ Annually

Trust (or other non-living entity, e.g., corporation, estate, etc.) Certification of Trust Agreement (form 10112Y) must be attached.

Tax Identification Number

Trust Date

% of Proceeds

#### Restriction Instructions

☐ No Restriction. The beneficiary may elect the death benefit distribution option.

☐ With Restriction. Select payout method (choose one)

☐ Multi-Generational Distribution Option (only available on IRA's)

☐ Income for a Specified Amount - Specified Amount \$

☐ Income for a Specified Period - Number of years

\*Minimum 5 Years

**Payment Schedule** (Choose One)

☐ Monthly

☐ Quarterly

☐ Semi-Annually

☐ Annually



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\$1710700

## Statement of Additional Information

This beneficiary designation with restricted payout will remain in effect until annuity payments begin. The beneficiary will have no right to change the death distribution option as listed on this form or receive a lump sum distribution. If no beneficiary is living when death benefit becomes payable, payment will be made according to the provisions of the Contract.

If death of the annuitant or an owner occurs after annuity payments have begun, the restricted payout option is canceled, and death proceeds are payable according to the provisions of the Contract.

If the beneficiary is a minor, any payments will be made in accordance with state law.

This Beneficiary Change Request with Restricted Payout Instructions form restricts the options available to a beneficiary at the death of an annuitant or owner. Proof of death must be provided to the Company within the required time period. If not, death proceeds will be paid as stated in the Death Benefit section of the Contract.

**All seven pages of this form must be returned.**

**\*\*Please complete next page (page 7) with required signatures.\*\***



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\$1710710

## IX: Signatures

Changes will not be valid unless signature section is completed.

### **IMPORTANT NOTICES REGARDING SIGNATURE REQUIREMENTS**

\*If this transaction is subject to a community property interest, we strongly recommend you obtain your spouse's signature on the line below to document his/her consent to this transaction. States that recognize community property interests in property held by married persons include Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

You understand and agree that the Company may presume no community property interest exists if you have not obtained your spouse's signature below. Further, you understand and agree that the Company has no duty to inquire further about any such community property interest. As a result, you agree to indemnify and hold the Company harmless from any consequences relating to community property interests and this transaction.

Please note: The term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law.

\*\*If the current owner resides in the state of MA, the signature of a disinterested witness is required. A disinterested person is described as anyone other than a designated beneficiary. An agent may not sign as a disinterested witness.

Owner	_____	Date	_____
Joint Owner	_____	Date	_____
Irrevocable Beneficiary (if any)	_____	Date	_____
* Current Owner's Spouse	_____	Date	_____
**Disinterested Witness	_____	Date	_____

### **NOTARY SIGNATURE**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the undersigned, personally appeared who is personally known to me and known to be the party who executed the foregoing document and acknowledged before me that they executed the same.

Witness my hand and official seal in the County and State aforementioned this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



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