

## I. Contract Holder Information

Annuity Contract Number

First Name

MI

Last Name

Social Security Number

 -  - 

Joint Owner's First Name

MI

Last Name

Social Security Number

 -  - 

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

Tax ID Number (if current owner is a Trust or a 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 IV through VII 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 VIII. 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 Form (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 VIII 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.



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### III. Relationship Code Information

Please use the codes below to fill out the Relationship Code Information in Sections IV through VII.

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	

### IV. 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	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date (mm/dd/year)	Relationship Code	Phone Number	% of Proceeds*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary's Mailing Address (must be completed)			<input type="checkbox"/> Per Stirpes
<input type="text"/>			<input type="checkbox"/> Per Capita
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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

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

Trust (or other non-living entity, e.g., corporation, estate, etc)	% of Proceeds*
<input type="text"/>	<input type="text"/>

Tax Identification Number	Trust Date
<input type="text"/>	<input type="text"/>

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



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## V. Owner's Contingent Beneficiary Designation

If the owner's primary beneficiary is no longer living at the same time of the owner's death, the owners contingent beneficiary will receive the Death Benefit proceeds.

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

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

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

Trust (or other non-living entity, e.g., corporation, estate, etc)	% of Proceeds*
<input type="text"/>	<input type="text"/>
Tax Identification Number	Trust Date
<input type="text"/>	<input type="text"/>

\*% of Proceeds must equal 100%. Certification of Trust Agreement (form 1012Y) must be attached.



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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**

 - 
 



 - 
 



  

**Birth Date (mm/dd/year)**

 - 
 



 - 
 





**Relationship Code**



**Phone Number**

 - 
 



 - 
 





**% of Proceeds\***

  

**Beneficiary's Mailing Address (must be completed)**

  

**City**



**State**



**Zip Code**

 -

Tax Identification Number	Trust Date
<div style="display: flex; justify-content: space-between; align-items: center;"> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span>-</span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> </div>	<div style="display: flex; justify-content: space-between; align-items: center;"> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span>-</span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span>-</span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> </div>



## VII. 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Birth Date (mm/dd/year)	Relationship Code	Phone Number	% 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)			<input type="checkbox"/> Per Stirpes
<input type="text"/>			<input type="checkbox"/> Per Capita
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	

Beneficiary's First Name	MI	Last Name	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Birth Date (mm/dd/year)	Relationship Code	Phone Number	% 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)			<input type="checkbox"/> Per Stirpes
<input type="text"/>			<input type="checkbox"/> Per Capita
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	

Beneficiary's First Name	MI	Last Name	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Birth Date (mm/dd/year)	Relationship Code	Phone Number	% 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)			<input type="checkbox"/> Per Stirpes
<input type="text"/>			<input type="checkbox"/> Per Capita
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	

Trust (or other non-living entity, e.g., corporation, estate, etc)	% of Proceeds*
<input type="text"/>	<input type="text"/>
Tax Identification Number	Trust Date
<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

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



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## VIII. 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 that 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 that 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 that 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	_____



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