

Annuity Beneficiary Change Request



Mail: P.O. Box 79907, Des Moines, IA 50325-0907
For questions, contact the Claims Department at 877-880-6367.
Completed forms may be faxed to: 877-539-7538.

I. Contract Holder Information

Annuity Contract Number

Owner's Name (first, middle initial, last)

SSN

Joint Owner's Name (if applicable) (first, middle initial, last)

SSN

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

Tax ID Number

Owner's Mailing Address

City

State

ZIP

Phone Number

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 19306Y) must accompany this form.
- If a Charitable Trust is listed as a beneficiary the Certification of Charitable Trust (26742Y) must be attached.
- 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.
- For an owner driven contract, death proceeds are not payable upon the death of an annuitant, therefore no beneficiary designation is needed.
- 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, 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, 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. Relationship Code Information

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

01 - Spouse	04 - Mother	06 - Daughter	08 - Sister	14 - Stepdaughter	20 - Granddaughter	33 - Niece
03 - Father	05 - Son	07 - Brother	13 - Stepson	19 - Grandson	32 - Nephew	55- Other

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 Name (first, middle initial, last)

SSN	Relationship Code	Birth Date (mm/dd/yyyy)	% of Proceeds*	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita
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Beneficiary's Mailing Address (must be completed)

City	State	ZIP	Phone Number
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Beneficiary's Name (first, middle initial, last)

SSN	Relationship Code	Birth Date (mm/dd/yyyy)	% of Proceeds*	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita
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Beneficiary's Mailing Address (must be completed)

City	State	ZIP	Phone Number
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Beneficiary's Name (first, middle initial, last)

SSN	Relationship Code	Birth Date (mm/dd/yyyy)	% of Proceeds*	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita
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Beneficiary's Mailing Address (must be completed)

City	State	ZIP	Phone Number
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Trust (or other non-living entity, e.g., corporation, estate, etc)

Tax Identification Number	Trust Date	% of Proceeds*
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*% of Proceeds must equal 100%. Certification of Trust Agreement (form 19306Y) must be attached.

Is this a Charitable Trust? ☐ Yes ☐ No

If this is a Charitable Trust the Certification of Charitable Trust (form 26742Y) must be attached.

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 Name (first, middle initial, last)

SSN	Relationship Code	Birth Date (mm/dd/yyyy)	% of Proceeds*	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita
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Beneficiary's Mailing Address (must be completed)

City	State	ZIP	Phone Number
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Beneficiary's Name (first, middle initial, last)

SSN	Relationship Code	Birth Date (mm/dd/yyyy)	% of Proceeds*	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita
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Beneficiary's Mailing Address (must be completed)

City	State	ZIP	Phone Number
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Beneficiary's Name (first, middle initial, last)

SSN	Relationship Code	Birth Date (mm/dd/yyyy)	% of Proceeds*	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita
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Beneficiary's Mailing Address (must be completed)

City	State	ZIP	Phone Number
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Trust (or other non-living entity, e.g., corporation, estate, etc)

Tax Identification Number	Trust Date	% of Proceeds*
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*% of Proceeds must equal 100%. Certification of Trust Agreement (form 19306Y) must be attached.

Is this a Charitable Trust? ☐ Yes ☐ No

If this is a Charitable Trust the Certification of Charitable Trust (form 26742Y) must be attached.

VI. 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 Name (first, middle initial, last)

SSN	Relationship Code	Birth Date (mm/dd/yyyy)	% of Proceeds*	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita
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Beneficiary's Mailing Address (must be completed)

City	State	ZIP	Phone Number
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Beneficiary's Name (first, middle initial, last)

SSN	Relationship Code	Birth Date (mm/dd/yyyy)	% of Proceeds*	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita
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Beneficiary's Mailing Address (must be completed)

City	State	ZIP	Phone Number
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Beneficiary's Name (first, middle initial, last)

SSN	Relationship Code	Birth Date (mm/dd/yyyy)	% of Proceeds*	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita
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Beneficiary's Mailing Address (must be completed)

City	State	ZIP	Phone Number
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Trust (or other non-living entity, e.g., corporation, estate, etc)

Tax Identification Number	Trust Date	% of Proceeds*
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*% of Proceeds must equal 100%. Certification of Trust Agreement (form 19306Y) must be attached.

Is this a Charitable Trust? ☐ Yes ☐ No

If this is a Charitable Trust the Certification of Charitable Trust (form 26742Y) must be attached.

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 Name (first, middle initial, last)

SSN	Relationship Code	Birth Date (mm/dd/yyyy)	% of Proceeds*	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita
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Beneficiary's Mailing Address (must be completed)

City	State	ZIP	Phone Number
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Beneficiary's Name (first, middle initial, last)

SSN	Relationship Code	Birth Date (mm/dd/yyyy)	% of Proceeds*	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita
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Beneficiary's Mailing Address (must be completed)

City	State	ZIP	Phone Number
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Beneficiary's Name (first, middle initial, last)

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Trust (or other non-living entity, e.g., corporation, estate, etc)

Tax Identification Number	Trust Date	% of Proceeds*
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*% of Proceeds must equal 100%. Certification of Trust Agreement (form 19306Y) must be attached.

Is this a Charitable Trust? ☐ Yes ☐ No

If this is a Charitable Trust the Certification of Charitable Trust (form 26742Y) must be attached.

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.

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/representative 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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