



Beneficiary Change

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

☐

Check here if your address has changed and we will update your address. Any requests for financial transactions in the next 30 days will require an original **signature guarantee**.

Address		
City	State	Zip Code

In case we need to contact you about this request

Daytime Phone

- The Company does not accept per stirpes beneficiary designations or “classes” of beneficiaries. All beneficiaries must be identified individually in section 2.
- Primary beneficiary designation(s) made on this form, if accepted by the Company, will update your primary beneficiary designation(s) only. We will not make changes to your contingent beneficiary designation(s) unless you check the box in section 2.
- Contingent beneficiary designation(s) made on this form, if accepted by the Company will update your contingent beneficiary designation(s) only. Any existing primary beneficiary designation(s) will not change unless you check the box in section 2.
- If you wish to designate a payout option for your beneficiary, please contact Customer Service for more information and to receive the required forms. This option may not be available for all products.



¹ Delaware Life Insurance Company 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)

☐ Check here if you want the information on this form to replace all beneficiary designation(s) we have on file.

Beneficiary Name				SSN/TIN	
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<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Owner(s)
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Address				
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City	State	Zip Code
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Email Address	Phone Number
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Beneficiary Name				SSN/TIN	
------------------	--	--	--	---------	--

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Owner(s)
--	--------------	----------------------------	---	--------------------------

Address				
---------	--	--	--	--

City	State	Zip Code
------	-------	----------

Email Address	Phone Number
---------------	--------------

Beneficiary Name				SSN/TIN	
------------------	--	--	--	---------	--

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Owner(s)
--	--------------	----------------------------	---	--------------------------

Address				
---------	--	--	--	--

City	State	Zip Code
------	-------	----------

Email Address	Phone Number
---------------	--------------

Beneficiary Name				SSN/TIN	
------------------	--	--	--	---------	--

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Owner(s)
--	--------------	----------------------------	---	--------------------------

Address				
---------	--	--	--	--

City	State	Zip Code
------	-------	----------

Email Address	Phone Number
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2 Beneficiary Information (continued)

- To list additional beneficiaries, please attach a separate document with the above information included. Please be sure to sign the additional page as well as section 4.
- If you name primary beneficiaries and contingent beneficiaries the total for each category must add up to 100%.
- If you do not elect a percentage, the 100% will be divided equally among the specified beneficiaries for both primary and contingent beneficiaries.

3 Reason for Change of Primary Beneficiary on IRA's and Other Qualified Plans

Complete this section **ONLY** if you own a Traditional IRA or other qualified plan (SEP, 403(b), 401(k), 401(a) and you are over the age of 70 ½.

Is the current sole, primary beneficiary your spouse, who is more than 10 years younger than you?

☐ Yes ☐ No (proceed to section 4)

Is this change of beneficiary due to the death of your spouse or divorce?

☐ Yes Your Required Minimum Distribution (RMD) will be recalculated next year.

☐ No The immediate recalculation of your RMD may be required.

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.) for the contract owner, please sign in your fiduciary capacity. We will need your authorizing documents to process this request. If we do not have them on file, please attach them to this form.

By signing this form, I understand and agree that:

- 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.
- A guardian may be required for beneficiaries who are minors at the time of the distribution of the death benefit. Additional paperwork may be required.

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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Customer Service **877-253-2323** M-F 7:30 a.m.-5:00 p.m., CT