

Policyowner/Annuitant Service Request

Owner's Name: _____ Policy Number(s): _____

Joint Owner's Name (if any): _____

Annuitant's Name (if different from owner): _____

Social Security/Tax ID Number (last four digits): _____

1. CHANGE MAILING ADDRESS FOR:

Owner Joint Owner Annuitant

Mailing Address: _____

City / State / Zip: _____

Daytime Phone: _____

Email Address: _____

2. CHANGE OF BENEFICIARY

I hereby revoke the existing designation and request the Company to record the beneficiary under the above numbered policy(s) as follows: (If beneficiary is a trust, please send a copy of the certification.)

NOTE: Total % for Primary Beneficiaries must equal 100%.

Primary	%	Relationship	Date of Birth and/or SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary	%	Relationship	Date of Birth and/or SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary	%	Relationship	Date of Birth and/or SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary	%	Relationship	Date of Birth and/or SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary	%	Relationship	Date of Birth and/or SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

NOTE: Total % for Contingent Beneficiaries must equal 100%.

Contingent	%	Relationship	Date of Birth and/or SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contingent	%	Relationship	Date of Birth and/or SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contingent	%	Relationship	Date of Birth and/or SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contingent	%	Relationship	Date of Birth and/or SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contingent	%	Relationship	Date of Birth and/or SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

(Attach a copy for extras.)

3. CHANGE OF NAME

Proof of the name change is required in addition to this form. Please attach to your request a copy of your marriage certificate, a divorce decree (specifically stating that your name is changed), or other court order changing your name.

Note: Use Transfer of Ownership/Change of Annuitant form to remove/replace existing Owner or Annuitant.

Requesting change for: Owner Joint Owner Annuitant

Name on file: _____

New name: _____

Reason for change: Marriage Divorce Court Order

4. REQUEST FOR DUPLICATE POLICY

I hereby certify that Annuity Policy Number(s) referenced above, issued by the Company has been lost or destroyed and that the policy is not assigned or pledged in any way whatsoever. I request a duplicate policy be issued to me, and agree that should the original policy be found or in any way into my possession, I will return it to the Company, its successors or assigns. It is distinctly understood and agreed that the original policy shall become null and void.

5. SPECIAL REQUESTS

Owner Signature

Date

Print Name

Joint Owner (if any) Signature

Date

Print Name

Witness Signature
(Must be a non-family member over the age of 18)

Date

Print Name