



CHANGE OF NAME/OWNER/BENEFICIARY

Policy No. _____ Name of Insured _____
(One Policy Number Per Form) (Please Print Firmly)

Change of Name:				<input type="checkbox"/> Insured	<input type="checkbox"/> Owner	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Payor	<input type="checkbox"/> Correct
Former Name <i>(Please Print)</i>				<i>First</i>	<i>Middle Initial</i>	<i>Last</i>	<i>Date of Birth</i>	
Present Name <i>(Please Print)</i>				<i>First</i>	<i>Middle Initial</i>	<i>Last</i>	<i>Social Security Number</i>	

Change of Ownership:

Primary Owner Birthdate ____/____/____ SS# ____-____-____
 Relationship to Insured _____
 Address _____ Zip Code _____

Contingent Owner Birthdate ____/____/____ SS# ____-____-____
 Relationship to Insured _____
 Address _____ Zip Code _____

Ownership Absolute During Owner's Lifetime Yes No
Transferring ownership on an annuity may result in taxable income to the previous owner.

I certify **I am** **I am NOT subject to backup withholding Section 3406(a)(1)(c) of the Internal Revenue Code.** The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Send bills to new owner

NEW PRIMARY OWNER'S SIGNATURE _____ *(Present owner must sign below)*

Unless otherwise indicated, the following applies to any change of beneficiary designation:
 If more than one beneficiary in either class (Primary or Contingent) is named below, payment within each class shall be made to the survivor or in equal shares to the survivors. If payment is not in equal shares, the designation must be by % (percent) and not \$ (dollar amount). This automatically revokes all prior payment plan elections. Settlement will be made in a lump sum. If any other mode of settlement is desired, the appropriate payment plan or settlement option form is to be used.

Designation of Primary Beneficiary:

Name *(Please Print)* _____ SS# ____-____-____ Phone Number (____) ____-____
 Relationship to Insured _____ Date of Birth ____/____/____
 Address _____ Zip Code _____

Name *(Please Print)* _____ SS# ____-____-____ Phone Number (____) ____-____
 Relationship to Insured _____ Date of Birth ____/____/____
 Address _____ Zip Code _____

Designation of Contingent Beneficiary:

Name *(Please Print)* _____ SS# ____-____-____ Phone Number (____) ____-____
 Relationship to Insured _____ Date of Birth ____/____/____
 Address _____ Zip Code _____

Name *(Please Print)* _____ SS# ____-____-____ Phone Number (____) ____-____
 Relationship to Insured _____ Date of Birth ____/____/____
 Address _____ Zip Code _____

Signature: Signature of Owner is required. If Insured is less than age of majority, applicant may be the Owner (see policy). In case of doubt, both should sign.

Owner's SS# ____-____-____
CURRENT OWNER'S SIGNATURE *(DO NOT PRINT)* _____ Insured's SS# ____-____-____
 Address _____ Witness _____
 Date ____/____/____
 Phone Number (____) ____-____

Please complete firmly and legibly. This portion will be used for your return mailing.

COMPANY ACKNOWLEDGMENT OF CHANGE

It is understood and agreed that the above notice has been accepted by us and shall be effective as of the date such notice was signed.

Countersigned _____ Date ____/____/____ *President*