

## DESIGNATION AND NAME CHANGE FORM

### COMPLETE THIS SECTION FOR ALL REQUESTS

Insured/Annuitant: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Address (if different than Insured): \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ Family Group Number: \_\_\_\_\_

### ALPHABETICAL INDEX

REQUEST	PAGE #'S	SECTION(S)	REQUEST	PAGE #'S	SECTION(S)
ADDRESS CHANGE	1 & 3	1 & 6	NAME CHANGE	2 & 3	4 & 6
BENEFICIARY CHANGE	2 & 3	3 & 6	OWNER CHANGE	1 & 3	2, 5 & 6

1  **ADDRESS CHANGE:**     Insured/Annuitant     Policyowner     Payer     Assignee     Beneficiary

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Change address on these policies as well: \_\_\_\_\_  
(List All Policy Numbers)

2  **OWNER CHANGE:**     For Gift     For Value

**Section 5 must also be completed and signed by the new owner.**

**Transfer Ownership to:**     Individual     Qualified Plan     Corporation     Trust (Include Trustee Name & Date of Trust)

Full Name of New Owner: \_\_\_\_\_

Complete Address: \_\_\_\_\_

**Contingent Owner:**

Full Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

**Payer Change:**

**Send Premium Notices to:**     Insured/Annuitant     Policyowner     Other (Give full name & address below)

Full Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

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**3**  **BENEFICIARY CHANGE:**       **Base Policy**     **Rider Benefit:** \_\_\_\_\_

**IMPORTANT: Separate forms are required for different designations to both benefits.**

**Instructions:** If a separate page is used for your beneficiary designation, it must contain the policy number, the insured's name, the complete designation information (including names, addresses, relationships, and percentages where applicable), and be signed by the policyowner, the owner's spouse (if community property state), the irrevocable beneficiary (if one currently exists on the policy) and be witnessed by someone other than the insured, policyowner, or beneficiary. Any previous beneficiary designation and or optional mode of settlement with respect to any death benefit proceeds payable at the death of the Insured is revoked. Any such proceeds shall now be paid in one sum as follows:

**Note:** If no percentage is given, proceeds will be paid in equal shares to primary beneficiaries who survive the insured and if no primary beneficiaries survive the insured, proceeds will be paid in equal shares to contingent beneficiaries who survive.

<b>PRIMARY BENEFICIARIES:</b>	<b>RELATIONSHIP TO INSURED</b>	<b>PERCENTAGE (Must total 100%)</b>
Full Name: _____	_____	_____
Address: _____ _____		
Full Name: _____	_____	_____
Address: _____ _____		

<b>CONTINGENT BENEFICIARIES:</b>	<b>RELATIONSHIP TO INSURED</b>	<b>PERCENTAGE (Must total 100%)</b>
Full Name: _____	_____	_____
Address: _____ _____		
Full Name: _____	_____	_____
Address: _____ _____		

**4**  **NAME CHANGE:**       **Insured/Annuitant**     **Policyowner**     **Payer**     **Assignee**     **Beneficiary**

Print new name in full: \_\_\_\_\_

Reason for Change:  Marriage     Divorce     Court Order     Other: \_\_\_\_\_  
 (List Reason)

**Submit proof such as a driver's license, marriage license, court order, divorce decree, etc.**

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**5  TAXPAYER IDENTIFICATION NUMBER CERTIFICATION**

Sign request in this section and section 6.

Failure to complete this section may result in mandatory 24% backup withholding where required by the IRS.

**Withholding Election:**       I **DO NOT** want to have Federal or State income tax withheld.

I **DO** want to have Federal or State income tax withheld.

**Federal withholding:**       \_\_\_\_\_%      or       \$ \_\_\_\_\_

**State withholding:**       \_\_\_\_\_%      or       \$ \_\_\_\_\_

**Taxpayer Identification Number:** \_\_\_\_\_

For individuals, this is your social security number (SSN). For other entities, this is your employer identification number (EIN).

**Certification Instructions:** You must cross out item (2) below if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

**Certification:** Under penalties of perjury, I certify that: **(1)** The number shown is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **(2)** I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding; **and (3)** I am a U.S. person (including a U.S. resident alien).

**Policyowner's Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**6  SIGNATURE INSTRUCTIONS:**

1. Policy owner must sign and date this form.
2. Policy owner spouse must sign if Application State was AZ, CA, ID, LA, NV, NM, TX, WA or WI.
3. Insured must sign this form if the change to section 3 is for a rider.
4. All irrevocable beneficiaries and collateral assignees must sign this form.
5. Signatures must be witnessed. Witness cannot be the policy owner, policy owner's spouse, insured, assignee or beneficiary.

Signed At (City & State): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Present Owner

\_\_\_\_\_  
Signature of Assignee

\_\_\_\_\_  
Signature of Insured (if other than Present Owner)

\_\_\_\_\_  
Signature of Irrevocable Beneficiary

\_\_\_\_\_  
Signature of Spouse (**See Instruction #2**)

\_\_\_\_\_  
Witness or Notary Signature