

## 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

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**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.

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**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