

PAYEE OR CONTINGENT PAYEE CHANGE REQUEST

Section A: Policy Information

Policy Number: _____ Annuitant(s): _____
Owner: _____ Joint Owner: _____
 Married Single Widowed Married Single Widowed
 Divorced – Specify Date: _____ State: _____ Divorced – Specify Date: _____ State: _____

Section B: Existing Payee Information

Existing Payee: _____ Existing Contingent Payee: _____

The Payee is the individual or entity who receives annuity payments. There can only be one Payee.

The Contingent Payee is the individual or entity who will receive the remaining payments if the Payee dies. If no Contingent Payee is designated, payments will go to the Payee's estate.

Section C: New Payee or Contingent Payee

Select one of the following options: (A separate form is required for each Payee change or designation.)

Change Current Payee Full Name: _____
 Designate a Contingent Payee Address: _____
 Change Existing Contingent Payee Phone: _____ SSN or Tax ID : _____
Relationship to Owner: _____

Section D: Check/Deposit Options

Please Select one:

- Paper check. A check will be mailed to the address on file.
- Direct Deposit (ACH) Please allow 3-5 business days from the processing date to receive the funds in your bank account. Note: Payments made via EFT/ACH to a party other than the owner are not permitted.
- Checking - Please provide a copy of a voided check.
- Savings - Please provide documentation from your financial institution which includes the routing and account number.

Bank Name _____

Bank Account Number _____

ABA routing number (To ensure accuracy, verify with your bank.) _____

Name of depositor on bank records (First Name, MI, Last Name) _____

Section E: NOTICE OF TAX WITHHOLDING FROM ANNUITIES

The Owner is liable for any tax consequences of this change. The distribution you receive from Puritan Life Insurance Company of America may be subject to Federal Income Tax Withholding. Withholding will only apply to the portion of your distribution that can be included as income and subject to Federal Income Tax.

You may be subject to penalties under the estimated tax payment rules if you elect not to have tax withheld and payments of estimated tax and other withholdings are not adequate to satisfy tax liability.

I elect:

- Not to have Federal income taxes withheld.
- To have 10% Federal income taxes withheld on the taxable portion of my distribution.
- To have more than 10% Federal income taxes withheld on the taxable portion of my distribution, as indicated below
Other amount _____%
- To have \$_____ withheld on the taxable portion of my distribution.

State Tax Withholding Depending on the laws in your state, state income tax withholding may be required. Please consult your tax expert for state withholding requirements.

I elect:

- Not to have State income taxes withheld. *
- To have _____% withheld on the taxable portion of my distribution.
- To have \$_____ withheld on the taxable portion of my distribution.

*If you live in IA, KS, MA, ME, NE, OK or VA and you have federal income tax withheld, you must complete your state's withholding election.

We cannot withhold state income tax in AK, FL, NH, NV, SD, TN, TX, WA, & WY

Section F: SPOUSAL CONSENT (If residing in a Community Property State – AZ, CA, GU, ID, LA, NV, NM, TX, WA, or WI)

ATTENTION: State law requires Spousal Consent if this contract was acquired while you were married and while you lived in a community property state. Certify one of the following:

- I, the Owner, certify that this contract was NOT acquired while married and while living in a community property state. (skip to section F.)
- (if jointly owned) I, the Joint Owner, certify that this contract was NOT acquired while married and while living in a community property state. (skip to section F.)
- I, the Owner or Joint Owner, meet the criteria above of community property. (Your spouse/former spouse must sign below)

 Signature of Owner's Spouse or Former Spouse Printed Name Date
 Signed at: (City, County, State): _____

 Signature of Joint Owner's Spouse or Former Spouse Printed Name Date
 Signed at: (City, County, State): _____

Section G: Signatures

By signing below, I certify that I am the Owner (or Joint Owner, if applicable) of the policy and that the information provided on this form is accurate and complete to the best of my knowledge. I understand that any changes to the Payee or Contingent Payee are subject to the terms and conditions of the policy and may require additional documentation or approval by the Company.

I confirm that the policy is not assigned or pledged, and that no bankruptcy or insolvency proceedings are currently pending against me.

If signing in a fiduciary capacity (e.g., Trustee, Attorney-in-Fact, Guardian), I have indicated my title and enclosed the required legal documentation.

Important: Please include a copy of a legal ID that shows Owner(s)' signature.

CALIFORNIA FRAUD NOTICE: For your protection, California law requires the following to appear on this form:
Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Owner Signature*

Printed Name/Title**

Date Signed

Other Signature*

Printed Name/Title**

Date Signed

Owner Address

Owner Social Security No. (Required)

Phone No.

Joint Owner Address (if applicable)

Joint Owner Social Security No.

Phone No.

* The signature of all owners is required. Joint Owners sign on 'Other Signature' line and indicate 'Joint Owner' as the title.

**Power of Attorney (POA) signatures must be signed as 'Principal name by POA name, POA (or AIF)'.

**If signing on behalf of a corporation, an officer must sign (including title) and include a corporate board of resolution.

**If signing on behalf of a trust, all current trustees must sign and include title "Trustee".

Completed forms can be emailed or faxed to:

Email: info@puritanlife.com

Fax: 336-419-0097