

PO Box 11823 Winston-Salem, NC 27116

PHONE: 844.465.0361 Fax: 336-419-0097

### OWNER INFORMATION

Owner Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Owner Phone: \_\_\_\_\_  Married  Widow/Widower  Single  Divorced - Date: \_\_\_\_\_

Joint Owner Name (if applicable): \_\_\_\_\_

Married  Widow/Widower  Single  Divorced - Date: \_\_\_\_\_

PRIMARY  CONTINGENT  Per Stirpes  Revocable  Irrevocable

Full Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

DOB: \_\_\_\_\_ Driver's License No. and State: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to Annuitant/Insured: \_\_\_\_\_ Percent of Benefit: \_\_\_\_\_

PRIMARY  CONTINGENT  Per Stirpes  Revocable  Irrevocable

Full Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

DOB: \_\_\_\_\_ Driver's License No. and State: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to Annuitant/Insured: \_\_\_\_\_ Percent of Benefit: \_\_\_\_\_

PRIMARY  CONTINGENT  Per Stirpes  Revocable  Irrevocable

Full Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

DOB: \_\_\_\_\_ Driver's License No. and State: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to Annuitant/Insured: \_\_\_\_\_ Percent of Benefit: \_\_\_\_\_

PRIMARY  CONTINGENT  Per Stirpes  Revocable  Irrevocable

Full Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

DOB: \_\_\_\_\_ Driver's License No. and State: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to Annuitant/Insured: \_\_\_\_\_ Percent of Benefit: \_\_\_\_\_

For CA Residents: **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/Applicant/Trustee Signature: \_\_\_\_\_ Printed Name and Title \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner/Other Signature: \_\_\_\_\_ Printed Name and Title \_\_\_\_\_ Date: \_\_\_\_\_