

ANNUITANT CHANGE REQUEST

Section A: Current Policy Information – Use First, Middle and Last Name for all applicable fields

Annuitant Name: _____ SSN: _____ Policy Number: _____
Joint Annuitant Name _____ SSN: _____
Owner Name: _____ SSN: _____ Phone Number: _____
Joint Owner Name: _____ SSN: _____ Phone Number: _____

Section B: Annuitant Change- I would like to change the Annuitant Joint Annuitant

New Annuitant Name: _____ New Annuitant SSN: _____
Relationship to Owner: _____ DOB: _____ Phone Number: _____
New Annuitant Address: _____

Section C: Signatures

Please refer to your contract for the specific terms and conditions of the change requested on this form. No person, firm, or corporation other than the undersigned has any interest in the policy. There are no insolvency or bankruptcy proceedings that have been instituted or are pending against the undersigned. To the best of my knowledge, I certify that the above information is correct.

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 Signature Printed Name Date Signed

Joint Owner Signature* Printed Name Date Signed

Other Required Signature** Printed Name/Title Date Signed

Other Required Signature** Printed Name/Title Date Signed

*Signature of Joint Owner (if any) is required, if not spouse of Owner.

Other required signatures may include: **spouse - required if you currently live in or previously lived in a community property state (AZ, CA, GU, ID, LA, NV, NM, TX, WA, or WI), **irrevocable beneficiary** (must sign with title), **collateral assignee** (if contract is collaterally assigned), and **parent/legal guardian** (if new Annuitant is a minor).