

# Request for Beneficiary Change

**Important!** For us to process your request, you must complete this entire form and have it notarized by a Notary Public. Most banks and post offices have a Notary on staff who can assist you.

Name \_\_\_\_\_

Contract Number \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Beneficiary Change**

The primary beneficiary(ies) under the above annuity contract should be changed as follows:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ % share

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ % share

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please be sure that shares for multiple primary beneficiaries total 100%. If you need more space, please attach an additional sheet of paper.*

The contingent beneficiary (the person who will receive benefit payments if your primary beneficiary/ies dies) under the above annuity contract should be changed to:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing this document, I hereby declare, under penalty of perjury, that this change of beneficiary is not an attempt to facilitate the acceleration, deferral, modification, anticipation, sale, assignment, pledge or encumbrance of any of the periodic payments due under the above annuity contract.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

Hartford Life Insurance Company  
Attn: Annuity Unit  
P.O. Box 1583  
Hartford, CT 06144-1583

Notary Public  
My Commission Expires:

