

# BENEFICIARY CHANGE REQUEST

To request a change of beneficiary, complete the information below and return this form to Pacific Life & Annuity Company for delivery to contract owner.

Claimant/Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Contract Number: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am/will be receiving payments from a Settlement Agreement under the above policy number. I hereby request a change of beneficiary under the terms of the Settlement Agreement as follows:

Primary Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Claimant/Payee: \_\_\_\_\_ SSN: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Claimant/Payee: \_\_\_\_\_ SSN: \_\_\_\_\_

If more than one primary or contingent beneficiary is being requested, please indicate the division here (i.e., equally to the survivor, equally to the respective estates, etc.). If additional space is required, please attach a separate sheet: \_\_\_\_\_

This beneficiary designation is revocable and cancels all prior beneficiary designations for any amounts payable following the death of the Claimant/Payee. All beneficiary change requests must be approved by the owner of the contract. Approval is subject to the terms of the Settlement Agreement. This form is included in the event your Settlement Agreement gives you the right to request a change to your beneficiary.

Claimant/Payee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Claimant/Payee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Signature Must be Witnessed by a Notary Public.

Subscribed and sworn to before me \_\_\_\_\_, a Notary Public

this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

Notary Signature \_\_\_\_\_ (Notary Seal)



Structured Settlements Annuity Services

P.O. Box 84307 Lincoln, NE 68501-4307 Toll Free (888) 728-5611 FAX (402) 479-0102