



INCOME ANNUITIES BENEFICIARY FORM

Contract # : _____ Name: _____ Last four digits of Social Security #: _____
Last Name First Name Middle Initial (for verification purposes only)

The Owner of the annuity contract must approve **all** beneficiary change requests (signature space provided below). If the contract has a Joint Owner and/or an Irrevocable Beneficiary, he or she must also sign below.

If you designate more than one Primary or Contingent Beneficiary, indicate the percentage share of the benefit for each beneficiary. The percentage must equal 100% for all Primary Beneficiaries and 100% for all Contingent Beneficiaries. Do not indicate multiple beneficiaries as a group, e.g. "all children of the payee."

Last Name	First Name	M. I.	Relationship	SSN/Tax ID No.	Date of Birth	Percentage	Primary	Contingent
						%	<input type="checkbox"/>	<input type="checkbox"/>
Complete Address:						Telephone:		
						%	<input type="checkbox"/>	<input type="checkbox"/>
Complete Address:						Telephone:		
						%	<input type="checkbox"/>	<input type="checkbox"/>
Complete Address:						Telephone:		
						%	<input type="checkbox"/>	<input type="checkbox"/>
Complete Address:						Telephone:		
						%	<input type="checkbox"/>	<input type="checkbox"/>
Complete Address:						Telephone:		
						%	<input type="checkbox"/>	<input type="checkbox"/>
Complete Address:						Telephone:		
						%	<input type="checkbox"/>	<input type="checkbox"/>
Complete Address:						Telephone:		

I understand that a new beneficiary designation cancels all previous primary and contingent designations unless prohibited by any provision of the contract or unless the preceding beneficiary designation was irrevocable.

It is a requirement to have your signature **notarized** if not previously submitted.

Signature _____ Date: _____



Signature _____ Date: _____

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public _____ My commission expires: _____