

INCOME ANNUITIES ADMINISTRATIVE FORM

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

Name Change: _____ *(requires payee's signature and 2 supporting legal documents*
Last Name First Name Middle Initial *ie. marriage license, driver's license, passport)*

Address Change *(requires payee's signature):* Phone #:(_____)_____

Street Address _____

City _____ State _____ Zip _____

Direct Deposit *(requires payee's signature)* into: Checking Account Savings Account
 Include proof you are a signer on the account (pre-printed voided check, deposit slip, or bank verification letter)
 Bank Routing Number:_____ Bank Account Number:_____

Bank Phone #:(_____)_____ Account Co-Signer:_____ (if applicable)

By instructing First Symetra to electronically direct deposit funds into my account, I agree that this deposit will meet any payment obligation for which First Symetra makes the deposit and allow First Symetra to make debit and credit entries to correct any error made in crediting my account. I will not assign my annuity payments without following applicable law.

Beneficiary: 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: _____								
						%	<input type="checkbox"/>	<input type="checkbox"/>
Complete Address: _____								
						%	<input type="checkbox"/>	<input type="checkbox"/>
Complete Address: _____								

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: _____