



Beneficiary Change Request Form

Contract No: _____

Reference No: _____

INSTRUCTIONS FOR COMPLETING THIS FORM

- Please complete all pages of this enclosure as applicable.
A wet signature is required. Electronic signatures are invalid.
If the signature is missing from this form, this form is invalid.
If mistakes are made, please cross a line through the item. Initial and date.
If more space is required, please attach additional page(s).
Please use complete legal names. Example: Mary J. Smith. Do not use Mrs. John H. Smith.
Contact our Customer Service Representatives: Toll-Free: (800) 843-2455 Fax No.: (402) 997-1900
Please return this form to: United of Omaha, 10-RPD Structured Settlements, 3300 Mutual of Omaha Plaza, Omaha, NE 68175 or email to structuredservice@mutualofomaha.com

PAYEE INFORMATION - (PLEASE PRINT)

Full Name: (First) (Middle) (Last)
Address (Street) (City) (State) (Zip)
Date of Birth: (mm/dd/yyyy) Soc. Sec. No.: (999-99-9999)
Phone No.: () e-Mail Address.: (John.Public@Public.Com)

DESIGNATION OF BENEFICIARY(IES) - (PLEASE PRINT)

- If more than one beneficiary is designated, please indicate the percentage (%) each beneficiary is to receive. The total percentage for all primary beneficiaries should equal 100% and all contingent beneficiaries should equal 100%.
If the Beneficiary Classification section is not complete or both classifications are selected, United of Omaha will assume all Beneficiary Classifications as Primary.
If any primary beneficiary(ies) designated below predeceases the payee, the share which such beneficiary would have received, if such beneficiary had survived the payee, shall be payable equally to the remaining designated primary beneficiary or beneficiaries if any, who survive the payee. If no primary beneficiary survives the Payee, the benefits will be payable equally to any surviving contingent beneficiary(ies).
Contingent beneficiary designations only apply if all primary beneficiary(ies) predecease the Payee.
If any contingent beneficiary designated below predeceases the Payee, the share which such contingent beneficiary would have received shall be payable equally to the remaining contingent beneficiary or beneficiaries.
If no contingent beneficiaries survive the Payee, the remaining benefits will be payable to the Payee's estate.

I am/will be receiving periodic payments from a Structured Settlement Annuity under the above contract number. I hereby request a change of beneficiary as allowed under the terms of the Settlement agreement.

I designate as follows

Beneficiary Classification: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Relationship: _____			
Name: _____			
(First)		(Middle)	(Last)
Address: _____			
(Street)			
(City)		(State)	(Zip) Phone No.: Ex. (999) 999-9999
Soc. Sec. No.: _____	Date of Birth: _____	Share%	_____
Ex. (999-99-9999)	(mm/dd/yyyy)		Ex. 50%

Beneficiary Classification: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Relationship: _____			
Name: _____			
(First)		(Middle)	(Last)
Address: _____			
(Street)			
(City)		(State)	(Zip) Phone No.: Ex. (999) 999-9999
Soc. Sec. No.: _____	Date of Birth: _____	Share%	_____
Ex. (999-99-9999)	(mm/dd/yyyy)		Ex. 50%

Beneficiary Classification: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Relationship: _____			
Name: _____			
(First)		(Middle)	(Last)
Address: _____			
(Street)			
(City)		(State)	(Zip) Phone No.: Ex. (999) 999-9999
Soc. Sec. No.: _____	Date of Birth: _____	Share%	_____
Ex. (999-99-9999)	(mm/dd/yyyy)		Ex. 50%

Beneficiary Classification: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Relationship: _____			
Name: _____			
(First)		(Middle)	(Last)
Address: _____			
(Street)			
(City)		(State)	(Zip) Phone No.: Ex. (999) 999-9999
Soc. Sec. No.: _____	Date of Birth: _____	Share%	_____
Ex. (999-99-9999)	(mm/dd/yyyy)		Ex. 50%

PLEASE SIGN THE SIGNATURE INFORMATION SECTION

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of annuity benefits.

I verify that the above information is complete and accurate. I understand that by making this beneficiary designation, I am revoking any and all prior beneficiary designations made by me.

I verify that the above information is complete and accurate. I understand that by making this beneficiary designation, I am revoking any and all prior beneficiary designations made by me. All beneficiary designations will be reviewed and 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 allows for a change in the named beneficiary(ies).

SIGNATURE INFORMATION - (PLEASE PRINT AND SIGN)

X

Payee's Name

X

Payee's Signature

(Date)