

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%

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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)