

NON-FINANCIAL CHANGE REQUEST

LiveWell® Mutual Fund IRA Series

SAMMONS
Retirement Solutions®

Sammons Retirement Solutions®
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Topeka, KS 66636-1001

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Instructions

Use this form to:

- Change your name
- Change your address
- Change your beneficiary(ies)

1. Account Information

Please provide all requested information.

Account Number	Additional Account Number	Additional Account Number
Account Holder's Name (first, middle, last)		SSN
Street Address		Apartment/Suite Number
City	State	ZIP
		Phone Number

2. Change of Name

Additional documentation is required to process a name change (i.e. marriage certificate or divorce decree).

Requested Name To Change:

Name (first, middle initial, last)	SSN
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Change Name To:

Name (first, middle initial, last)	SSN
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3. Change of Address

Previous Address:

Street Address		Apartment/Suite Number
City	State	ZIP
		Phone Number

New Address:

Street Address		Apartment/Suite Number
City	State	ZIP
		Phone Number



4. Change Of Beneficiary

I hereby revoke all previous beneficiary designations and change to the following beneficiary(ies).

The new beneficiary designations are: Revocable Irrevocable
 (If no box is checked, the beneficiary designation will be revocable.)

- Irrevocable beneficiary designations require the signature of the irrevocable beneficiary in the Signature Section. If you choose an irrevocable beneficiary, written consent is required before any future changes can be made.
- If a trust is listed as a primary beneficiary, the Certification of Trust Agreement (form 15466M) must accompany this form.
- If you want to designate more beneficiaries than this form allows, please fill out the required information on a separate sheet of paper that is signed according to the Signatures Section of this form. Attach it to this form.
- In the event of the Account Holder's death, Death Benefit proceeds are payable to the Account Holder's primary beneficiary.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	1. Name (first, middle initial, last)	SSN/TIN	Percentage %
	Relationship to Owner		DOB/Trust Date
	Mailing Address		Phone Number
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	2. Name (first, middle initial, last)	SSN/TIN	Percentage %
	Relationship to Owner		DOB/Trust Date
	Mailing Address		Phone Number
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	3. Name (first, middle initial, last)	SSN/TIN	Percentage %
	Relationship to Owner		DOB/Trust Date
	Mailing Address		Phone Number
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	4. Name (first, middle initial, last)	SSN/TIN	Percentage %
	Relationship to Owner		DOB/Trust Date
	Mailing Address		Phone Number

5. Signatures

Account Holder's Signature	Date Signed
▶	▶
Irrevocable Beneficiary's Signature (if applicable)	Date Signed
▶	▶
Irrevocable Beneficiary's Signature (if applicable)	Date Signed
▶	▶
Irrevocable Beneficiary's Signature (if applicable)	Date Signed
▶	▶
Disinterested Witness' Signature*	Date Signed
▶	▶

* If the current owner resides in the state of MA, the signature of a disinterested witness is required. A disinterested person is described as anyone other than a designated beneficiary. A Registered Representative may not sign as a disinterested witness.

If your request is not in good order, how would you like us to notify you?

Call me at ____ - ____ - ____ Mail a letter to my address of record Contact my Registered Representative