

Non-financial change request



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833
1-866-747-3421 | SecuritiesPI@sfgmembers.com

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)			Social Security number
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)	Social Security number
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Requested name to change:

Name (first, middle initial, last)	Social Security number
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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

NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/ CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

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 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.

Per stirpes definition: A common way of distributing proceeds where if one or more beneficiaries has died, his or her children share equally in his or her share of the proceeds.

Per capita definition: Proceeds are split amongst the beneficiaries that survive the Account Holder. If one of the beneficiaries does not survive the Account Holder, the remaining beneficiaries receive the proceeds split equally.

Select one: Primary Contingent | Select one: Per stirpes Per capita

Name (first, middle initial, last)	SSN	Percentage %
Relationship to Account Holder	Phone number	DOB (mm/dd/yyyy)
Mailing address	Email address	

Select one: Primary Contingent | Select one: Per stirpes Per capita

Name (first, middle initial, last)	SSN	Percentage %
Relationship to Account Holder	Phone number	DOB (mm/dd/yyyy)
Mailing address	Email address	

Select one: Primary Contingent | Select one: Per stirpes Per capita

Name (first, middle initial, last)	SSN	Percentage %
Relationship to Account Holder	Phone number	DOB (mm/dd/yyyy)
Mailing address	Email address	

Select one: Primary Contingent | Select one: Trust

Full trust name	Tax ID number (TIN)	Percentage %
Trustee name (first, middle initial, last)	Trustee phone number	Trust date (mm/dd/yyyy)
Trustee mailing address	Trustee email address	

If additional trustees apply, please list their name, mailing address, and phone number on a separate piece of paper with the Account Holder's signature and date.

5. Signatures

Account Holder's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Irrevocable beneficiary's signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Irrevocable beneficiary's signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Irrevocable beneficiary's signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Disinterested witness' signature*	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

* If the current Account Holder 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

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