

Beneficiary Designation Form

LiveWell® Annuity Series

SAMMONS
Retirement Solutions®

Sammons Retirement Solutions®
P.O. Box 758547, Topeka, KS 66675-8547

Overnight: Mail Zone 547, 5801 SW 6th Ave.
Topeka, KS 66636-1001

Phone: 1-866-747-3421 | **Fax:** 1-866-511-7038

1. Contract Information

Contract Number

Name or Non-Natural Entity (first, middle initial, last)			SSN/TIN/EIN
Joint Owner's Name (if applicable) (first, middle initial, last)			SSN
Street Address* (P.O. Boxes are not allowed)			Apartment/Suite Number
City	State	ZIP	Phone Number

Please complete and submit a copy of the Certification of Trust Agreement (19306A) if this policy is owned by a trust.

2. 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.)

If a trust is listed as a beneficiary, the Certification of Trust Agreement (19306A) must accompany this form.

In the event of the owner's death, Death Benefit proceeds are payable to the owner's primary beneficiary. If the Owner's primary beneficiary is no longer living at the time of the Owner's death, the Owner's contingent beneficiary will receive the death benefit. If there are Joint Owners, the death benefit is payable upon the first death. If there are Joint Owners, the surviving Owner, if any, will be designated sole primary beneficiary. Non-spousal Joint Owners cannot name contingent beneficiaries.

Please designate if you want the beneficiary designation to be Per Stirpes or Per Capita. If an election is not made then, by default, it will be Per Capita. Per Stirpes designations require a listing of the children on a separate sheet of paper that is signed and dated. The list must include the children's names, addresses, phone numbers, dates of birth and Social Security Numbers.

- 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 owner. If one of the beneficiaries does not survive the owner, the remaining beneficiaries receive the proceeds split equally.

Change of Beneficiary continued on page 2 ►



2. Change of Beneficiary (continued)

<input type="checkbox"/> Primary	1. Name (first, middle initial, last)	SSN/TIN	Percentage %
	Relationship to Owner	DOB/Trust Date	
	Mailing Address	Phone Number	
	Restricted Beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes is checked, completed Restricted Beneficiary Payout Option Form is required.	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita	
<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	
	Restricted Beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes is checked, completed Restricted Beneficiary Payout Option Form is required.	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita	
<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	
	Restricted Beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes is checked, completed Restricted Beneficiary Payout Option Form is required.	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita	
<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	
	Restricted Beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes is checked, completed Restricted Beneficiary Payout Option Form is required.	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Per Capita	

3. Signatures

Owner's Signature	Date Signed
<input type="text"/>	<input type="text"/>
Joint Owner's Signature (if applicable)	Date Signed
<input type="text"/>	<input type="text"/>
Spouse's Signature* (Only applicable if Owner resides in: AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI)	Date Signed
<input type="text"/>	<input type="text"/>
Irrevocable Beneficiary's Signature (if applicable)	Date Signed
<input type="text"/>	<input type="text"/>
Irrevocable Beneficiary's Signature (if applicable)	Date Signed
<input type="text"/>	<input type="text"/>
Irrevocable Beneficiary's Signature (if applicable)	Date Signed
<input type="text"/>	<input type="text"/>
Disinterested Witness' Signature**	Date Signed
<input type="text"/>	<input type="text"/>

* If this transaction is subject to a community property interest, we strongly recommend that you obtain your spouse's signature on the line above to document his/her consent to this transaction. States that recognize community property interests in property held by married persons include Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. You understand and agree that Midland National may presume that no community property interest exists if you have not obtained your spouse's signature above. Further, you understand and agree that Midland National has no duty to inquire further about any such community property interest. As a result, you agree to indemnify and hold Midland National harmless from any consequences relating to community property interests and this transaction.

** 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