

Beneficiary designation form

Optional – This form is to be used if the space on the application is not sufficient to reflect all Primary Beneficiaries and/or Contingent Beneficiaries. Please mark on the application "see attached". If more space is needed, use an additional form.

Owner's Beneficiary designation¹

For individual Owners, the death benefit is 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. For joint Owners, the death benefit is payable on the death of the first Owner (except in cases of spousal continuance) and the surviving joint Owner is the designated sole Primary Beneficiary. Name only Contingent Beneficiaries below. **Note:** Complete the Owner's Beneficiary section if you want to name someone other than the surviving Owner to receive 100% of the death benefit. 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 proceeds.

Primary
 Contingent
 |
 Per Stirpes
 Per Capita

First Name		MI	Last Name	Social Security Number/TIN										
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Birth Date (mm/dd/yyyy)	Relationship to Owner			Phone Number										
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Beneficiary's Mailing Address (must be completed)				Percentage ²										
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1. In order to verify Beneficiary identification, a request to obtain information will be sent to the Owner following issue of the annuity Contract.
2. Must equal 100%.



\$102555

Owner's Beneficiary designation¹ (continued)

Trust³ Primary Contingent

Full Name

Trustee Name Tax ID Number (TIN)

Trust Date (mm/dd/yyyy) - - Trustee Phone Number - -

Trustee Mailing Address (must be completed) Percentage² . %

City State Zip Code

Email address

Corporation⁴ Estate Other⁵

Full Name Primary Contingent

Tax ID Number (TIN) Date (mm/dd/yyyy) - - Percentage² . %

1. In order to verify Beneficiary identification, a request to obtain information will be sent to the Owner following issue of the annuity Contract.
2. Must equal 100%.
3. Accepted trust types are listed on the Non-living entity ownership types flyer. Additional documentation may be required to determine whether we can accept the trust as beneficiary. If the trust named as beneficiary is not an accepted trust type, the trustee(s) waive any and all claims against the Company and agree to release, indemnify and hold harmless the Company, its officers, employees, agents/representatives, and affiliates from and against any and all claims, legal or financial, associated with naming the trust as Beneficiary of the Contract.
4. Certification of corporate owner form must be attached.
5. If other is a tax exempt organization, attach the Certification of tax exempt organization form.



\$102556

Annuitant's Beneficiary designation¹

Complete this section only if the product selected allows for annuitant Beneficiaries and the Owner(s) and annuitant(s) are not the same. In the event of the annuitant's death, death benefit proceeds are payable to the annuitant's Primary Beneficiary. If there are joint annuitants, the death benefit is payable upon the second death. If the annuitant's Primary Beneficiary is no longer living at the time of the annuitant's death, the annuitant's Contingent Beneficiary will receive the death benefit proceeds.

Primary Contingent | Per Stirpes Per Capita

First Name	MI	Last Name	Social Security Number/TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date (mm/dd/yyyy)	Relationship to Annuitant		Phone Number
<input type="text"/>	<input type="text"/>		<input type="text"/>
Beneficiary's Mailing Address (must be completed)			Percentage ²
<input type="text"/>			<input type="text"/> %
City		State	Zip Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Email address			
<input type="text"/>			

Primary Contingent | Per Stirpes Per Capita

First Name	MI	Last Name	Social Security Number/TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date (mm/dd/yyyy)	Relationship to Annuitant		Phone Number
<input type="text"/>	<input type="text"/>		<input type="text"/>
Beneficiary's Mailing Address (must be completed)			Percentage ²
<input type="text"/>			<input type="text"/> %
City		State	Zip Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Email address			
<input type="text"/>			

Primary Contingent | Per Stirpes Per Capita

First Name	MI	Last Name	Social Security Number/TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date (mm/dd/yyyy)	Relationship to Annuitant		Phone Number
<input type="text"/>	<input type="text"/>		<input type="text"/>
Beneficiary's Mailing Address (must be completed)			Percentage ²
<input type="text"/>			<input type="text"/> %
City		State	Zip Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Email address			
<input type="text"/>			

1. In order to verify Beneficiary identification, a request to obtain information will be sent to the Owner following issue of the annuity Contract.

2. Must equal 100%.



\$102557

Annuitant's Beneficiary designation¹ (continued)

Trust³ Primary Contingent

Full Name

Trustee Name Tax ID Number (TIN)

Trust Date (mm/dd/yyyy) Trustee Phone Number

Trustee Mailing Address (must be completed) Percentage²

City State Zip Code

Email address

Corporation⁴ Estate Other⁵

Full Name Primary Contingent

Tax ID Number (TIN) Date (mm/dd/yyyy) Percentage²

- 1. In order to verify Beneficiary identification, a request to obtain information will be sent to the Owner following issue of the annuity Contract.
- 2. Must equal 100%.
- 3. Accepted trust types are listed on the Non-living entity ownership types flyer. Additional documentation may be required to determine whether we can accept the trust as beneficiary. If the trust named as beneficiary is not an accepted trust type, the trustee(s) waive any and all claims against the Company and agree to release, indemnify and hold harmless the Company, its officers, employees, agents/representatives, and affiliates from and against any and all claims, legal or financial, associated with naming the trust as Beneficiary of the Contract.
- 4. Certification of corporate owner form must be attached.
- 5. If other is a tax exempt organization, attach the Certification of tax exempt organization form.

Fraud statements

CA Residents: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.



102558