

### ANNUITY BENEFICIARY DESIGNATION

Policy Number(s): \_\_\_\_\_ Life of: \_\_\_\_\_

I hereby designate the following as my beneficiary(ies) under the above policy number(s):

#### Primary Beneficiary(ies)

Full Name and Address (Please Print)	Percentage * (Must total 100%)	Social Security #	Date Of Birth	Relationship to Insured
Name: _____ Address: _____ _____	_____	_____	_____	_____
Name: _____ Address: _____ _____	_____	_____	_____	_____
Name: _____ Address: _____ _____	_____	_____	_____	_____
Name: _____ Address: _____ _____	_____	_____	_____	_____

\* If no percentages are indicated, proceeds will be divided equally between all primary beneficiaries.

#### Contingent Beneficiary(ies)

Full Name and Address (Please Print)	Percentage * (Must total 100%)	Social Security #	Date Of Birth	Relationship to Insured
Name: _____ Address: _____ _____	_____	_____	_____	_____
Name: _____ Address: _____ _____	_____	_____	_____	_____

\*If no percentages are indicated, any proceeds payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

#### Signatures – Submitted forms cannot be accepted unless signed and dated

- This beneficiary designation revokes all revocable prior beneficiary designations.
- Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.
- Use a separate piece of paper to list more beneficiaries if necessary.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Joint Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)