ANNUITY CHANGE FORM

Instructions: Please complete Section 1, indicate your changes in Sections 2, 3, and/or 4, and sign in Section 5 on the reverse side of this form. If you have any questions, please call 800-634-9361.

1 Contract information:

Owner's Name _____ Contract Number ☐☐☐☐☐☐☐☐☐

Joint Owner's Name _____ Daytime Phone (____) _____

Annuitant's Name _____ Evening Phone (____) _____

2 To change the ownership of the contract:

Ownership of this contract will be transferred when this form is signed and received at the Annuity Service Center. All future correspondence will be mailed to the new Owner. **Before changing the Owner of the Contract, it is important that you consult your attorney or tax advisor concerning any legal and tax implications.**

If the new Owner is a Trust, write the name of the Trust and Trustee(s) below. The Trustee(s) must sign in Section 5 AND a Trustee Statement and Agreement Form *must be submitted.* This form may be obtained by calling the Annuity Service Center. To avoid possible adverse tax consequences, we require that when a Trust is designated as the Owner of the annuity, the Trust also be the beneficiary (see Section 4).

_____
Print name of new Contract Owner

☐☐☐-☐☐-☐☐☐☐ Social Security or Tax ID Number

☐☐-☐☐-☐☐ Date of Birth (mm-dd-yy)

_____
Print name of new Joint Contract Owner

☐☐☐-☐☐-☐☐☐☐ Social Security Number or Tax ID Number

☐☐-☐☐-☐☐ Date of Birth (mm-dd-yy)

Address _____ City _____ State _____ Zip Code _____

[New Owner(s) must sign in Section 5.]

3 To change the owner or annuitant's mailing address or legal name*:

_____ _____
Print Current Name Print Former Name, If Name Has Changed

New Address _____

City _____ State _____ Zip Code _____

*If changing name, attach a copy of the corresponding legal document (i.e., copy of marriage certificate).

4 To change the beneficiary(ies):

Please list below *all* Primary Beneficiaries and Contingent Beneficiaries for this annuity contract. Indicate percentage allocated to each. Total percentages for Primary Beneficiary(ies) should equal 100% and total percentages for Contingent Beneficiary(ies) should equal 100%. If no percentages are indicated, the proceeds will be divided equally among Beneficiaries. (If additional space is needed, please attach a separate piece of paper.)

IMPORTANT POINTS:

- If you designate a will or testamentary trust as a Beneficiary, please attach a copy of your most recent will.
- If your spouse is a Joint Owner and your intent is to continue the contract upon either Owner's death, please designate both Owners as the Primary Beneficiaries.
- For custodial accounts, please designate the minor's estate as the Primary Beneficiary.

Primary Beneficiary(ies)

1. _____ Name _____ Relationship _____ – – _____ Social Security/Tax ID Number _____ %
2. _____ Name _____ Relationship _____ – – _____ Social Security/Tax ID Number _____ %

Contingent Beneficiary(ies)

1. _____ Name _____ Relationship _____ – – _____ Social Security/Tax ID Number _____ %
2. _____ Name _____ Relationship _____ – – _____ Social Security/Tax ID Number _____ %

5 Authorized signatures – *this section must be completed*:

I (We) authorize the preceding changes to the above-referenced Annuity Contract. All changes are effective as of the date received at the Annuity Service Center. Please read your Contract to understand the effects of these changes.

A signature guarantee is required for all ownership changes. Signature guarantee must be by a national bank, state-chartered commercial bank, trust company (except a savings bank), or by a member firm of the New York, American, Boston, Midwest, or Pacific Stock Exchange. **We cannot accept a notarization instead of a signature guarantee.**

X _____ Signature of Owner/Trustee _____ Date

X _____ Signature Guarantee _____ Date

X _____ Signature of Joint Owner/Trustee _____ Date

X _____ Signature Guarantee _____ Date

If this form is used to change the Ownership of this Contract, the new Owner's signature is required below.

X _____ Signature of New Owner/Trustee _____ Social Security/Tax ID Number _____ Date

X _____ Signature of New Joint Owner/Trustee _____ Social Security/Tax ID Number _____ Date

The new Owner(s) must sign for Income Tax Identification. I certify under penalties of perjury that (1) the Social Security or Tax Identification Number provided is correct, and (2) the IRS has not notified me that I am subject to 20% backup withholding or has notified me that I am no longer subject to such backup withholding. (Note: If any or all of item (2) is not true, please cross out that part before signing.)