



ANNUITY BENEFICIARY CHANGE REQUEST BY OWNER INSTRUCTIONS

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| Please read carefully then complete pages two and three and return all three pages. | |
| <p>1. I am designating the following primary beneficiary(ies) for my annuity contract(s). I understand the importance of also naming a contingent beneficiary(ies).</p> <p><input type="checkbox"/> One or more adults (<i>Read "Designating one or more adults as beneficiaries"</i>)</p> <p><input type="checkbox"/> A minor child (<i>Read "Designating a minor child as beneficiary"</i>)</p> <p><input type="checkbox"/> A trust (<i>Read "Designating a trust as beneficiary"</i>)</p> | |
| Designating one or more adults as beneficiaries | <p>Adult(s) as beneficiary(ies). When one primary beneficiary is designated to receive 100% of the proceeds, please assign one or more contingent beneficiaries in the event the primary beneficiary or beneficiaries predecease the insured.</p> <p>If multiple beneficiaries are designated, provide a numerical percentage amount, even if the amount should be divided equally among all beneficiaries. The total percentage must equal 100% for primary beneficiaries.</p> <p>If contingent beneficiaries are designated, the total percentage must also equal 100%.</p> <p>For each beneficiary designee, it is essential to provide:</p> <ul style="list-style-type: none"> • Beneficiary's full legal name and address • Date of birth • Share Percentage • Social Security Number • Relationship to the insured |
| Designating a minor child as beneficiary | <p>Minor child as beneficiary. When designating a minor child as the beneficiary, ensure the designation is in agreement with your state's Uniform Transfer to Minor Act (UTMA) or Uniform Gift to Minors Act (UGMA), whichever is applicable.</p> <ul style="list-style-type: none"> • The adult custodian's legal name must be provided and written "For the benefit of" with the child's complete legal name. • Only the custodian's name and phone number are required. • The child's identifying information must be provided since he/she is the beneficiary of the policy, not the custodian. <p>Example: (<u>Adult Custodian's Name</u>) for the benefit of (<u>Minor Child's Name</u>) under the Uniform Transfer of Minor's Act.</p> |
| Designating a trust as beneficiary | <p>Trust as beneficiary. When designating a trust as the beneficiary, the trust must already exist or come into existence at the insured's death.</p> <ul style="list-style-type: none"> • List the full name and address of the individual(s) named as trustee(s) and to the designation(s) which must state: "as per trust agreement dated mm/dd/yyyy." <p>Example: (<u>Trustee's Name</u>) as trustee of the (<u>Trust Name</u>) revocable (or irrevocable) Trust dated (<u>mm/dd/yyyy</u>).</p> |
| | <p>Creating a trust upon the insured's death. When naming a trust to be created upon the insured's death, the designations must state: "The trustee of the testamentary trust created in Section XX of my probated last will, dated mm/dd/yyyy."</p> |
| Witness Signature | <p>The witness must be 1) at least age 18 or older and 2) a disinterested third party, meaning someone other than the policy owner, beneficiary(ies) or contingent beneficiary(ies).</p> |



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The original version of this document will remain at the High Court office in the member's file. A copy bearing the Corporate Secretary's endorsement will be returned and the owner should attach it to the annuity contract. It is highly recommended the annuitant is not named a beneficiary.

| | | |
|------------------------------------------------------------------|-----------------------|-------------------------------------|
| Contract Owner Name | Annuitant Name | Annuity Contract Number(s) |
| Contract Owner Mailing Address (Street, City, State, ZIP) | | Contract Owner date of birth |
| Contract Owner email | | Contract Owner phone |

I revoke any previous designation(s) of any Primary and/or Contingent Beneficiary(ies) under the above-named contract(s). I direct the beneficiary(ies) designated under the above-named contract(s) to read as follows and receive any amount payable under the contract(s) in the event of my death.

A. PRIMARY BENEFICIARY(IES) DESIGNATIONS (Use complete legal names)

I name the following revocable beneficiary(ies) to receive any amount under the contract(s) in the event of my death.

| | | | | | | |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------|------------------------|-----------------------------------------|-----------------------------------------|---------|
| 1 | Beneficiary 1 is: <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Trust | | | Custodian Name (if applicable) | Custodian Phone | |
| | Beneficiary (If an individual, First, Middle Initial, Last Name) | | | | | Share % |
| | Beneficiary Mailing Address (Street, City, State, ZIP) | | | | | □ |
| | Phone | Date of birth | SSN or TIN | Relationship to insured | | |
| | Email | | Country of Citizenship | If foreign, Country, Province/Territory | | |
| 2 | Beneficiary 2 is: <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Trust | | | Custodian Name (if applicable) | Custodian Phone | |
| | Beneficiary 2 (If an individual, First, Middle Initial, Last Name) | | | | | Share % |
| | Beneficiary 2 Mailing Address (Street, City, State, ZIP) | | | | | □ |
| | Beneficiary Phone | Date of birth | SSN or TIN | Relationship to insured | | |
| | Email | | Country of Citizenship | If foreign, Country, Province/Territory | | |
| 3 | Beneficiary 3 is: <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Trust | | | Custodian Name (if applicable) | Custodian Phone | |
| | Beneficiary 3 (If an individual, First, Middle Initial, Last Name) | | | | | Share % |
| | Beneficiary 3 Mailing Address (Street, City, State, ZIP) | | | | | □ |
| | Phone | Date of birth | SSN or TIN | Relationship to insured | | |
| | Email | | Country of Citizenship | If foreign, Country, Province/Territory | | |
| If more space is needed, attach and initial additional pages. | | | | | SHARE TOTAL (Must equal 100%) | □ |



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|----------------------------|-----------------------|-----------------------------------|
| Contract Owner Name | Annuitant Name | Annuity Contract Number(s) |
|----------------------------|-----------------------|-----------------------------------|

B. CONTINGENT BENEFICIARY(IES) DESIGNATIONS (Use complete legal names)

If all prior named primary beneficiaries predecease me, I name the following revocable contingent beneficiary(ies) to receive any amount payable under the contract(s) in the event of my death.

| | | | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------|---------|
| 1 | Contingent Beneficiary 1 is: <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Trust | Custodian Name (if applicable) | Custodian Phone | |
| | Contingent Beneficiary 1 (If an individual, First, Middle Initial, Last Name) | | | Share % |
| | Contingent Beneficiary 1 Mailing Address (Street, City, State, ZIP) | | | □ |
| | Phone | Date of birth | SSN or TIN | |
| | Relationship to insured | | | |
| Email | | Country of Citizenship | If foreign, Country, Province/Territory | |

| | | | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------|---------|
| 2 | Contingent Beneficiary 2 is: <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Trust | Custodian Name (if applicable) | Custodian Phone | |
| | Contingent Beneficiary 2 (If an individual, First, Middle Initial, Last Name) | | | Share % |
| | Contingent Beneficiary 2 Mailing Address (Street, City, State, ZIP) | | | □ |
| | Phone | Date of birth | SSN or TIN | |
| | Relationship to insured | | | |
| Email | | Country of Citizenship | If foreign, Country, Province/Territory | |

| | | | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------|---------|
| 3 | Contingent Beneficiary 3 is: <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Trust | Custodian Name (if applicable) | Custodian Phone | |
| | Contingent Beneficiary 3 (If an individual, First, Middle Initial, Last Name) | | | Share % |
| | Contingent Beneficiary 3 Mailing Address (Street, City, State, ZIP) | | | □ |
| | Phone | Date of birth | SSN or TIN | |
| | Relationship to insured | | | |
| Email | | Country of Citizenship | If foreign, Country, Province/Territory | |

C. ACKNOWLEDGEMENT AND ENDORSEMENT

I understand this Annuity Beneficiary Designation as noted here, and on the High Court beneficiary record, is final unless revoked by a future Annuity Beneficiary Change Request By Owner form.

| | | | |
|---------------------------------|-------------|------------------------------|-------------|
| Contract Owner Signature | Date | Witness Signature | Date |
| | | Witness Printed Name: | |

The owner's signature must be witnessed by a person who is not a beneficiary or contingent beneficiary. Authorized Officer Endorsement Date: