



## ANNUITY BENEFICIARY CHANGE REQUEST BY OWNER INSTRUCTIONS

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>	
<b>Designating one or more adults as beneficiaries</b>	<p><b>Adult(s) as beneficiary(ies).</b> 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 <b>numerical percentage amount</b>, even if the amount should be divided equally among all beneficiaries. The total percentage must equal 100% for primary beneficiary(ies). Unless specified otherwise, the death of one or more primary beneficiaries will result in the proceeds designated to the predeceased beneficiaries being allocated to the remaining living beneficiaries based on their designated percentages.</p> <p>If contingent beneficiaries are designated, the total percentage must also equal 100%.</p> <p><b>For each beneficiary designee, it is essential to provide:</b></p> <ul style="list-style-type: none"> <li>● Beneficiary's full legal name and address</li> <li>● Date of birth</li> <li>● Share Percentage</li> <li>● Social Security Number</li> <li>● Relationship to the insured</li> </ul>
<b>Designating a minor child as beneficiary</b>	<p><b>Minor child as beneficiary.</b> 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"> <li>● The adult custodian's legal name must be provided and written "For the benefit of" with the child's complete legal name.</li> <li>● Only the custodian's name and phone number are required.</li> <li>● The child's identifying information must be provided since he/she is the beneficiary of the policy, <b>not the custodian.</b></li> </ul> <p><b>Example:</b> (<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>
<b>Designating a trust as beneficiary</b>	<p><b>Living Trust as beneficiary.</b> When designating a Living (Grantor) Trust as the beneficiary, the trust must already exist</p> <ul style="list-style-type: none"> <li>● 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."</li> </ul> <p><b>Example:</b> (<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><b>Testamentary Trust – A trust created upon the insured's death.</b> When naming a trust to be created upon the insured's death, the designations must state: "The trustee of the testamentary trust created in my probated last will."</p>
<b>Witness Signature</b>	<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>



# ANNUITY BENEFICIARY CHANGE REQUEST BY OWNER

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.

<b>Contract Owner Name</b>	<b>Annuitant Name</b>	<b>Annuity Contract Number(s)</b>
<b>Contract Owner Mailing Address (Street, City, State, ZIP)</b>		<b>Contract Owner date of birth</b>
<b>Contract Owner email</b>		<b>Contract Owner phone</b>

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.

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

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

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

If more space is needed, attach and initial additional pages.	<b>SHARE TOTAL</b> (Must equal 100%)
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# ANNUITY BENEFICIARY CHANGE REQUEST BY OWNER

<b>Contract Owner Name</b>	<b>Annuitant Name</b>	<b>Annuity Contract Number(s)</b>
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## 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.

<b>1</b>	<b>Contingent Beneficiary 1</b> 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	

<b>2</b>	<b>Contingent Beneficiary 2</b> 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	

<b>3</b>	<b>Contingent Beneficiary 3</b> 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.

<b>Contract Owner Signature</b>	<b>Date</b>	<b>Witness Signature</b>	<b>Date</b>
		<b>Witness Printed Name:</b>	

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