

ANNUITY SERVICE REQUEST

CONTRACT NUMBER _____ OWNER _____

STREET ADDRESS _____ ☐ Is this Address for this request only?

CITY _____ ☐ Is this a Permanent Address?

STATE _____ ZIP CODE _____ DATE _____

DAYTIME PHONE # () _____

___ **1. CHANGE OF MAILING ADDRESS** – Confirmations and all other communications concerning this contract are to be mailed to the following new address:

STREET ADDRESS _____

CITY, STATE, ZIP _____

___ **2. TRANSFER OF OWNERSHIP (ABSOLUTE ASSIGNMENT)** – Some absolute assignments result in taxable events. **Please consult your tax advisor.**

I/We hereby assign, transfer and convey all rights, title and interest in and to the subject contract to:

Name(s) of new Owner(s) _____

Social Security or Tax ID Number _____ - _____ - _____

Date of Birth _____

Relationship to Insured/Annuitant _____

Address _____

City, State, Zip _____

This does not change the beneficiary designation. If a Trust is named as the Owner, a certified copy of the Trust is required.

___ **3. Change of Annuitant RETIREMENT INCOME SOLUTIONS product only in the event of annuitant death ***

Name of New Annuitant: _____ Date of Birth: _____ Gender (circle) M/F

Address: _____ Phone Number: _____ SSN/TIN: _____

*** Certified Death Certificate required. Must be recieved within 60 days from date of death. This does not change the current beneficiary designation.**

___ **4. BENEFICIARY DESIGNATION** – All previous beneficiary designations are hereby revoked. The Company is free from liability in relying on a statement about birth, death, marriage, names and addresses and other facts concerning all beneficiaries from any other one. Unless otherwise stated, the survivors of a beneficiary class share equal amounts of the proceeds. Subject to the provision of the contract settlement of the Contract Value upon the death of the Annuitant shall be payable in one sum to: (Please PRINT full names, addresses, relationships, date of birth, and Social Security numbers.)

PRIMARY BENEFICIARY'S FULL NAME, ADDRESS, & RELATIONSHIP	SSN	DATE OF BIRTH	% of PROCEEDS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONTINGENT BENEFICIARY'S FULL NAME, ADDRESS, & RELATIONSHIP	SSN	DATE OF BIRTH	% OF PROCEEDS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If none of the above are living or this designation is ineffective, proceeds will be paid to the insured’s estate. If a Trust is named as the Beneficiary, a certified copy of the Trust is required.

5. CORRECTION OR CHANGE OF NAME OF -
☐ Annuitant
☐ Owner (if other than annuitant)

FORMER NAME _____ NEW NAME _____

Reason
☐ Marriage *
☐ Change by Court Order on _____ *
☐ Correction

☐ Resumption of maiden name _____ *

Date Name Changed _____

*Certified copy of Court documentation required.

6. SPECIAL POWER OF ATTORNEY

I, the Contract owner identified above and resident of _____ County, State of _____, hereby nominate, make, constitute, and appoint _____ my true and lawful attorney-in-fact, for me and in name, place and stead to do an in the premises to perform each and every act and thing whatsoever requisite and necessary to be done. The power of attorney is able to withdraw all or part of the cash value of the above contract number including the endorsing and cashing of any check therefore, as I might do if personally present. The attorney hereunder shall sign his/her own name as follows:

Signature of Attorney-in-Fact _____ and add thereafter. "By Power of Attorney."

This power of attorney is effective until revoked in writing and said revocation is recorded by the Company at its Administrative Office in Carmel, Indiana. The power of attorney shall not terminate on my disability.

I hereby ratify and confirm whatsoever my said attorney-in-fact shall do or cause to be done by virtue hereof; I further agree to indemnify the Company against any loss it may sustain as a result of its reliance on the authority of this power of attorney and release it from any liability for taking any action on the signature of my attorney-in-fact, which indemnification and release shall be binding on my, my heirs, personal representative and assigns.

***The proper legal documentation must be provided. This form is provided as a convenience only. The Company does not assume responsibility for the validity or legal sufficient of the document. Policyholders who need a more detailed designation are referred to their own legal counsel. A number of states require a durable power of attorney be recorded on the records of the county in which the Owner lives.**

7. REQUEST FOR DUPLICATE CONTRACT/CERTIFICATE OF INSURANCE

I hereby certify that annuity contract number _____ issued by the Company has been lost or destroyed and that said contractor is not assigned, hypothecated, or pledged in any way whatsoever. I request a duplicate contract/certificate be issued to me, and agree that should the original be found or in any way come into my possession, I will return or cause the same to be returned to the Company, its successors or assignees. It is distinctly understood and agreed that the original contract shall become null and void.

THE FORM MUST BE COMPLETED AND SIGNED IN INK BY THE PERSON OR PERSONS, WHO UNDER THE TERMS OF THE CONTRACT, HAVE THE RIGHTS OF OWNERSHIP.

Signature of Current Contract Owner	Signature of Current Joint Contract Owner
Signature of Current Annuitant	Signature of Current Joint Annuitant
Signature of Former Contract Owner	Signature of Former Joint Contract Owner/Spouse (community property)
Signature of Previous Irrevocable Beneficiary, if any	Signature of New Contract Owner
Signature of Authorized Representative-Title	Signature of New Joint Contract Owner

COMMUNITY PROPERTY STATES

If you currently reside in one of the following states (or **Puerto Rico**) please complete the additional information below:

Arizona
California
Idaho

Louisiana
New Mexico
Nevada

Texas
Washington
Wisconsin

1. If you have **never been married**, please acknowledge by signing here:

Signature

Date

2. If you are **currently married**, your spouse can consent to the transaction by signing here:

Signature

Date

3. If your spouse is **deceased**, please attach a copy of the Death Certificate.

4. If you are **divorced**:

(A) and the policy was included in the Divorce Decree or Property Settlement Agreement and was awarded to you, please attach a certified copy of the document. Spouse's consent not required.

(B) and the policy was not included in the Divorce Decree or Property Settlement Agreement, it will be necessary for your ex-spouse to consent by signing here:

Ex-Spouse's Consent

Ex-Spouse's Signature

Date

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or Policyowner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

NOTE: Subject to receipt of this request by the Company, I hereby revoke and cancel any prior request or election which I have made.

COMPANY USE ONLY:

Filed and acknowledged on _____ to become effective as of the Request Date.

Registrar _____

NO AGENT IS AUTHORIZED TO ALTER THE TERMS OF THE CONTRACT OR BIND THE COMPANY.