

# INSTRUCTIONS FOR LIFE AND ANNUITY POLICY INFORMATION FORM

- Please read these instructions carefully before completing this form.
- **COMPLETE SECTIONS A AND B FOR ALL REQUESTS** to ensure we have the most updated information on file.
- If documentation is required to make the requested change, please include with your returned form.
- Return completed form to address or fax number provided in the Checklist section.
- **Section F MUST** be signed by the policyowner for requests to be valid.

## A OWNERSHIP INFORMATION

PLEASE ALWAYS COMPLETE SECTION A to ensure the most up to date information is on file. New owner information must be completed in Section A. All current and new owner(s) must sign in Section F. If the current owner is deceased, please submit a copy of their death certificate with documentation indicating new owner. For any changes/corrections to vital information (DOB, SSN or Name) please attach a copy of the valid documentation to verify information. This can include a copy of your Social Security Card, Drivers License, Birth Certificate or Passport.

## B BENEFICIARY INFORMATION

PLEASE ALWAYS COMPLETE SECTION B to ensure that the most up to date information is on file.

The information provided in this section instructs us how to distribute any payable proceeds of the policy upon the Insured's death. Please complete this section to confirm that our records contain the most current information.

Owner(s) and irrevocable beneficiaries (if applicable) must sign in Section F. If multiple beneficiaries are named, the percentage of proceeds must total 100%. If percentages are not provided, proceeds will be divided equally among beneficiaries.

Each beneficiary will be considered a Primary Beneficiary with equal distribution unless otherwise specifically designated.

If designating an irrevocable beneficiary, please write "irrevocable" next to each applicable beneficiary you wish to make irrevocable. An irrevocable beneficiary designation can only be changed by the policyowner with the irrevocable beneficiary's consent.

If you plan to designate more than four beneficiaries, please provide additional beneficiary information on a separate sheet and include with your completed form.

## C PAYOR INFORMATION

Complete Section C if you would like to change the Payor of the policy. **If this section is not completed, no changes will be made to the Payor information.** If changes are necessary to automatic bank draft information, please contact our office at 800-525-7662 to obtain a change form. If changes are made to the Payor information, the current Owner must sign in Section F.

## D LEGAL NAME CHANGE

Complete Section D if there has been a change to legal name. Former full name must be printed and former signature must be signed. New name must be printed and new signature must be signed. Current owner must sign in Section F. **Do not use this section to change the owner of this policy. Refer to Section A to make changes in ownership.**

Indicate the reason for change and attach required documentation:

- **marriage/divorce** - please include a copy of marriage certificate or divorce decree with form
- **trust documentation** - please include a copy of the trust amendment documentation
- **court order** - please include a copy of court order with form
- **corporate name change** - please include:
  - Dissolution Papers – if company has been dissolved
  - Copy of Merger Documents – if company has merged
  - Amendment to Articles of Partnership – if a partnership
  - Amendments to Articles of Incorporation – if incorporated
  - Board Resolution or Amendment to Plan contract – if pension plan

## E RELEASE OF INTEREST IN COMMUNITY PROPERTY STATES OR TERRITORY

Complete Section E if you currently reside in a community property state or territory (**Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, Wisconsin or Puerto Rico**). If you do not live in a community property state or territory, do not complete this section.

**F AUTHORIZATIONS/SIGNATURES**

SECTION F MUST BE SIGNED BY THE POLICYOWNER or no changes will be made. For ownership changes, the current policyowner(s) and new policyowner(s) must sign this form. When the policy is community property, the current owner's spouse also must sign the form in Section E, if you currently reside in a community property state or territory (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, Wisconsin or Puerto Rico).

- **JOINT OWNERSHIP** - All policyowners must sign on the Current Policyowner's Signature line.
- **BUSINESS OWNERSHIP** - Two authorized officers (if a corporation) or one authorized individual (if other business entity) other than the insured/annuitant must sign, indicating his/her title/capacity. The signature must be notarized or the corporate seal impressed.
- **TRUST OWNED** - The trustee(s) must sign, including his/her title.
- **IRREVOCABLE BENEFICIARY** - if applicable, must sign this form.

**DEFINITIONS**

**Beneficiary:** A person who may become eligible to receive, or is receiving, benefits under a life insurance or annuity plan as a result of the insured's/annuitant's death. Each beneficiary will be considered a Primary Beneficiary unless otherwise designated.

**Contingent Beneficiary:** Person or persons named to receive benefits if the primary beneficiary is not alive.

**Contingent Owner:** Person or persons named to become the owner if the initial owner is not alive.

**Co-Owner:** A person or other entity who shares ownership of a contract.

**Irrevocable Beneficiary:** (1) A named beneficiary whose status as beneficiary cannot be changed without his or her permission. (2) Beneficiary whose rights to the policy cannot be changed or cancelled by the policyowner unless the beneficiary authorizes the transaction.

**Owner:** The person or other entity that enters into a contract of insurance with an insurer and owns the insurance policy. This person or entity has the entitlement to exercise the rights and privileges in the policy contract.

**Payor:** The party that the owner of the policy has designated as being responsible for paying the premiums on the policy.

**Primary Beneficiary:** The party designated to receive the proceeds of a life insurance policy following the death of the insured.

**Revocable Beneficiary:** A named beneficiary whose status as beneficiary can be changed without his or her permission. All beneficiaries will be assumed to be revocable unless specifically designated as irrevocable.

**CHECKLIST**

- Has the form been signed by all required parties?
  - SECTION F MUST BE SIGNED BY THE CURRENT POLICYOWNER FOR ANY CHANGES TO BE VALID.
  - If changing ownership, both current and new owner must sign in Section F
  - If making beneficiary changes, current owner AND any irrevocable beneficiaries must sign in Section F
  - If making a change to payor information, current owner must sign in Section F
  - If making a legal name change, current owner must sign in Section F
- Do you live in a community property state or territory? If yes, complete Section E
- Has all required documentation been included with this form? (e.g., death certificate, copy of marriage certificate or divorce decree, court order, dissolution papers, copy of merger documents, trust documentation)

**Mailing Address: Washington National Insurance Company  
PO Box 2022, Carmel, IN 46082-2022  
or submit by fax: (800) 757-6324**

# LIFE AND ANNUITY POLICY INFORMATION FORM

Please print clearly in ink.

**IMPORTANT NOTE:** PLEASE COMPLETE SECTIONS A AND B AND SIGN IN SECTION F TO ENSURE OUR RECORDS ARE COMPLETE AND UP TO DATE.

|               |                               |
|---------------|-------------------------------|
| Policy Number | Insured                       |
| Date          | Owner (if other than Insured) |

## A OWNER/INSURED/ANNUITANT INFORMATION

Owner     Co-Owner     Contingent Owner     Insured/Annuitant

|                                  |  |               |           |          |
|----------------------------------|--|---------------|-----------|----------|
| 1. Name (Please print full name) |  | Date of Birth | SSN / TIN |          |
| Address                          |  | City          | State     | Zip Code |
| E-mail Address                   |  | Phone Number  |           |          |

Owner     Co-Owner     Contingent Owner     Insured/Annuitant

|                                  |  |               |           |          |
|----------------------------------|--|---------------|-----------|----------|
| 2. Name (Please print full name) |  | Date of Birth | SSN / TIN |          |
| Address                          |  | City          | State     | Zip Code |
| E-mail Address                   |  | Phone Number  |           |          |

## B BENEFICIARY INFORMATION

Please complete this section to confirm or change your beneficiary designation.

Primary Beneficiary

|                                  |  |               |           |          |                     |
|----------------------------------|--|---------------|-----------|----------|---------------------|
| 1. Name (Please print full name) |  | Date of Birth | SSN / TIN |          | Percent of Proceeds |
| Address                          |  | City          | State     | Zip Code |                     |
| E-mail Address                   |  | Phone Number  |           |          |                     |

Primary Beneficiary     Contingent Beneficiary

|                                  |  |               |           |          |                     |
|----------------------------------|--|---------------|-----------|----------|---------------------|
| 2. Name (Please print full name) |  | Date of Birth | SSN / TIN |          | Percent of Proceeds |
| Address                          |  | City          | State     | Zip Code |                     |
| E-mail Address                   |  | Phone Number  |           |          |                     |

Primary Beneficiary     Contingent Beneficiary

|                                  |  |               |           |          |                     |
|----------------------------------|--|---------------|-----------|----------|---------------------|
| 3. Name (Please print full name) |  | Date of Birth | SSN / TIN |          | Percent of Proceeds |
| Address                          |  | City          | State     | Zip Code |                     |
| E-mail Address                   |  | Phone Number  |           |          |                     |

Primary Beneficiary     Contingent Beneficiary

|                                  |  |               |           |          |                     |
|----------------------------------|--|---------------|-----------|----------|---------------------|
| 4. Name (Please print full name) |  | Date of Birth | SSN / TIN |          | Percent of Proceeds |
| Address                          |  | City          | State     | Zip Code |                     |
| E-mail Address                   |  | Phone Number  |           |          |                     |

| C PAYOR INFORMATION           |      |       |          |
|-------------------------------|------|-------|----------|
| Name (Please print full name) |      |       |          |
| Address                       | City | State | Zip Code |

To make changes to automatic bank draft, please contact our office at 800-525-7662 to obtain a change form.

| D LEGAL NAME CHANGE                  |                                   |
|--------------------------------------|-----------------------------------|
| Former Name (Please print full name) | New Name (Please print full name) |
| Former Signature                     | New Signature                     |

Reason for change and attach required documentation:

- Marriage / Divorce
- Trust Documentation
- Court Order
- Other
- Corporate Name Change

| E RELEASE OF INTEREST IN COMMUNITY PROPERTY STATES OR TERRITORY |
|---|
|---|

If you currently reside in a community property state or territory (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, Wisconsin or Puerto Rico) please complete below:

If you have **never been married** please sign below:

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

If you are **currently married** please have spouse sign below:

|                    |      |
|--------------------|------|
| Spouse's Signature | Date |
|--------------------|------|

If you are **divorced** and the policy **was not** included in the Divorce Decree or your former spouse still retains a right to this policy, please have your former spouse sign below:

|                           |      |
|---------------------------|------|
| Former Spouse's Signature | Date |
|---------------------------|------|

If you are **divorced** and your spouse relinquished their interest in the policy in the Divorce Decree and/or Property Settlement, please attach a certified copy of the Divorce Decree and/or Property Settlement.

If your spouse is **deceased**, please attach a copy of the death certificate.

| F AUTHORIZATIONS / SIGNATURES   |      |
|---|------|
| Current Policyowner's Signature(s) (and title, if corporation/business or trust owned)                            | Date |
| New Policyowner's Signature(s) (and title, if corporation/business or trust owned)<br>- For Ownership Change Only | Date |
| Irrevocable Beneficiary's Signature(s) (if applicable)  | Date |

**Mailing Address: Washington National Insurance Company  
PO Box 2022, Carmel, IN 46082-2022  
or submit by fax: (800) 757-6324**

## Important information about your life insurance policy

**Life insurance is a critical part of a broader financial plan. There are many options available, and you have the right to shop around and seek advice from different financial advisers in order to find the options best suited to your needs.**

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You are encouraged to consider the following possible alternatives to requesting a surrender of your life insurance policy, requesting accelerated death benefits under your life insurance policy, or selling the ownership of your policy. These alternatives include, but are not limited to:

- **Accelerated Death Benefit:** Your policy may provide an early or accelerated discounted benefit payment if you have a terminal or chronic illness.
- **Cash Surrender:** Your policy may have a cash surrender value that your life insurer would pay you if you cancel it.
- **Gift:** You may be able to gift your policy to your beneficiary, who would then assume responsibility for paying premiums.
- **Life Settlement:** You may be able to sell your life insurance policy to a third party. Once sold, you would pay no further premiums. The third party would become the policyholder and would receive the benefit upon the insured's death.
- **Maintain Your Policy:** You may be able to maintain your life insurance policy in force by paying the premiums directly or using your current policy values to pay the premiums.
- **Policy Changes:** You may be able to reduce or eliminate future premium payments by obtaining a paid-up policy, by reducing optional coverages, or through other options available from your life insurer.
- **Policy Loan:** You may be able to take out a loan from your life insurance company using the cash value of your policy as collateral. Loan proceeds can be used to pay the premiums or for other purposes.
- **Third-Party Loan:** You may be able to get a loan from another party to pay your policy's premiums. In return, the lender may require an assignment of a portion or all of the policy's death benefits.

These options may or may not be available depending on your circumstances and the terms of your life insurance policy. Please see your policy or contact your life insurance company, financial advisor, insurance producer to determine your particular options.

If you're a Florida state resident and have questions about life insurance and your rights, contact the Florida Office of Insurance Regulation at 1-850-413-3140, or go to [www.floir.com](http://www.floir.com). Ask questions if you don't understand your policy.