



# ANNUITY CHANGE REQUEST

CONTRACT NO. \_\_\_\_\_ ANNUITANT NAME \_\_\_\_\_

1. **NAME CHANGE:**       Annuitant                       Primary Beneficiary  
     Owner                                       Contingent Beneficiary

Former Name \_\_\_\_\_ New Name \_\_\_\_\_

Date Name Changed \_\_\_\_\_ Reason \_\_\_\_\_

*NOTE: The designated annuitant cannot be changed. The space provided is for name corrections only.*

2. **ADDRESS CHANGE:**     Annuitant                       Owner

Street	City	State	Zip Code
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3. **RE-ISSUE CONTRACT AND/OR AMOUNT, BENEFITS TO:**

4. **LOST CONTRACT REQUEST:**

I am not able to find the contract named above. I request that the Company issue a Certificate which validates all of the provisions of the Lost Contract.

X \_\_\_\_\_  
Witness

X \_\_\_\_\_  
Signature of Owner and Title if Corporation\*

X \_\_\_\_\_  
Collateral Assignee, if Applicable

X \_\_\_\_\_  
Signature of Joint Owner or Spouse (where required)

\*For corporations, an officer other than annuitant must sign

X \_\_\_\_\_  
Phone Number of Owner