



CHANGE NAME OR ADDRESS FORM

CONTRACT # _____
OWNER _____ SSN# _____ - _____ - _____ or EIN _____ - _____
ADDRESS _____
E-MAIL _____ DAYTIME PHONE # () _____
ANNUITANT _____ SSN# _____ - _____ - _____
ADDRESS _____
JOINT OWNER/ANNUITANT (If Applicable) _____ SSN# _____ - _____ - _____

NEW MAILING ADDRESS

All communications concerning this contract are to be directed to the following new address and contact information
STREET ADDRESS _____
CITY, STATE, ZIP _____
E-MAIL _____ DAYTIME PHONE # () _____

CORRECTION OR CHANGE OF NAME

Please change the name of Annuitant OR Owner (if other than annuitant)
FORMER NAME _____ NEW NAME _____

The name change is requested due to:

Marriage* Change by Court Order on _____ *
 Correction Resumption of maiden name *
DATE NAME CHANGED _____

* Certified copy of court documentation required

Contract Owner/Annuitant's Signature _____ Date _____
Joint Owner/Annuitant/Spouse (Community Property*) 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 policy-owner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

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