

Annuity Non-Financial Service Request Form

REQUEST INFORMATION

To make the following request.....	Please complete
Change Address.....	Sections 1, 2, and 8
Change Name.....	Sections 1, 3, and 8
Change Beneficiary.....	Sections 1, 4, 5, and 8
Change Income Date.....	Sections 1, 6, and 8
Request Duplicate Contract.....	Sections 1, 7, and 8

SECTION 1: IDENTIFYING INFORMATION

CONTRACT NUMBER(S)

OWNER'S NAME (First, Middle, Last)

OWNER'S SOCIAL SECURITY NUMBER / TIN Check if TIN

OWNER'S PHONE NUMBER (include area code)

OWNER'S ADDRESS

CITY

STATE

ZIP

JOINT OWNER'S NAME (if applicable - First, Middle, Last)

JOINT OWNER'S SOCIAL SECURITY NUMBER / TIN

ANNUITANT'S NAME (First, Middle, Last)

ANNUITANT'S SOCIAL SECURITY NUMBER / TIN

SECTION 2: CHANGE OF ADDRESS

For: Owner Annuitant Assignee Payee

NAME (First, Middle, Last)

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

DAYTIME TELEPHONE NUMBER (include area code)

EVENING TELEPHONE NUMBER (include area code)

SECTION 3: NAME CHANGE OR CORRECTION

For: Owner Annuitant Beneficiary Assignee

FROM

TO

REASON

NOTE: A name change requires copies of appropriate legal documentation.



SECTION 4: CHANGE OF BENEFICIARY

Change of beneficiary is not effective unless recorded by Western & Southern Life at its home office. A notification of the change will be returned for the owner's records. A designation herein of Class I (primary) beneficiary/ies will constitute a revocation of all previously named beneficiaries of every class. A designation herein of Class II (contingent) beneficiary/ies will constitute a revocation of all previously named beneficiaries except Class I (primary) beneficiary/ies. It is understood and agreed that before making payment, Western & Southern Life may require proof of the existence, identity, age or other facts relating to any beneficiary. Any payment made in good faith by Western & Southern Life in reliance on such proof shall be a valid discharge of Western & Southern Life's obligation to the extent of such payment. It is hereby requested that any provision contained in the above numbered contract shall, to the extent that it requires this change of beneficiary to be endorsed on the contract by Western & Southern Life, be waived. It is also agreed that Western & Southern Life's recording of this request shall constitute such waiver. The undersigned further represents that the contract is not in possession of another person and that there is no claim against the contract.

NAME (First, Middle, Last)		RELATIONSHIP	
<input type="text"/>		<input type="text"/>	
SOCIAL SECURITY NUMBER / TIN	<u>Check if TIN</u>	DATE OF BIRTH (MM/DD/YYYY)	BENEFICIARY TYPE
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
TELEPHONE NUMBER (include area code)	EMAIL ADDRESS		
<input type="text"/>	<input type="text"/>		
ADDRESS	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME (First, Middle, Last)		RELATIONSHIP	
<input type="text"/>		<input type="text"/>	
SOCIAL SECURITY NUMBER / TIN	<u>Check if TIN</u>	DATE OF BIRTH (MM/DD/YYYY)	BENEFICIARY TYPE
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
TELEPHONE NUMBER (include area code)	EMAIL ADDRESS		
<input type="text"/>	<input type="text"/>		
ADDRESS	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME (First, Middle, Last)		RELATIONSHIP	
<input type="text"/>		<input type="text"/>	
SOCIAL SECURITY NUMBER / TIN	<u>Check if TIN</u>	DATE OF BIRTH (MM/DD/YYYY)	BENEFICIARY TYPE
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
TELEPHONE NUMBER (include area code)	EMAIL ADDRESS		
<input type="text"/>	<input type="text"/>		
ADDRESS	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



SECTION 4: CHANGE OF BENEFICIARY - Continued

NAME (First, Middle, Last)

RELATIONSHIP

SOCIAL SECURITY NUMBER / TIN

Check if TIN

DATE OF BIRTH (MM/DD/YYYY)

BENEFICIARY TYPE

Primary

Contingent

TELEPHONE NUMBER (include area code)

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

If more beneficiaries are named, please submit a separate written request. Please include the names of the beneficiaries, their address, Social Security Numbers, relationship to the owner or annuitant and their date of birth. The owner must sign and date the separate request.

SECTION 5: SPOUSAL CONSENT (if applicable)

SPOUSAL CONSENT - Spousal consent is required if changing beneficiary on a contract subject to ERISA's spousal consent requirements to a person other than a spouse (if married). Spousal consent is also required for contracts where the owner resides or has resided in AZ, CA, ID, LA, NM, NV, TX, WA or WI, unless the spouse is named as an annuitant, owner, or the sole primary beneficiary on the contract.

If you are married and have designated any primary beneficiary(ies) other than your spouse, your spouse may need to consent to a non-spouse being designated as beneficiary for any portion of its benefits. You may obtain such consent by having your spouse sign below. **The company is not liable for any consequences resulting from your failure to obtain proper consent.**

I have reviewed this beneficiary designation and, as spouse of the policy owner, I consent to it and waive any rights I may have to the policy proceeds to the extent of this designation. This consent supersedes any prior spousal consent regarding the policy.

Print Name _____
SPOUSE

Sign Here _____
SIGNATURE OF SPOUSE

Date _____

SECTION 6: INCOME DATE CHANGE

DEFER INCOME DATE TO (up to annuitant's age 99) (MM/DD/YYYY)

SECTION 7: DUPLICATE CONTRACT

The contract was: Lost Destroyed

If the contract is subsequently recovered, I agree to return it to Western & Southern Life without further claim. No person or corporation has any claim or interest in the contract by virtue of any sales, assignment or pledge thereof.



SECTION 8: CERTIFICATION AND AUTHORIZATION

I/We certify that the information provided is accurate to the best of my/our knowledge and that I/we authorize Western-Southern Life Assurance Company to act in accordance with the elections indicated on this form.

Print Name _____
OWNER

Sign Here _____
SIGNATURE OF OWNER

Date _____

Print Name _____
JOINT OWNER (if applicable)

Sign Here _____
SIGNATURE OF JOINT OWNER (if applicable)

Date _____

