



**B. NOTICE OF CHANGE OF NAME (Do Not Submit Contract; sign at bottom)**

(Do not use this form to change ownership to another person.)

The correct name of the  Owner  Joint Owners  Beneficiary  Insured/Annuitant  
 Spouse  Child

is: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Mail Confirmation To Owner  Yes  No

Substantiate all changes (except those by Marriage, Divorce or Adoption) by attaching a copy of the Court Order or some other authentic record.

**C.  POLICY CERTIFICATE (No fee required) Policy certificates are not available for issue states IL and OK.**

**DUPLICATE CONTRACT \$25 Fee Attached?**  Yes  No. **If no fee attached, a policy certificate will be issued.**

Duplicate Contracts are not available for Weekly Premium Policies. A Policy Certificate will be issued at no charge.

Said contract has not been and is not now assigned nor has it been otherwise transferred or encumbered in any manner whatsoever and no person, firm or corporation has or claims the right to possession of said contract.

We reserve the right to issue a Policy Certificate in situations where we cannot issue a duplicate contract. Any fees submitted will be returned.

Explain how the contract was lost or destroyed. \_\_\_\_\_

\_\_\_\_\_

**D. COMPLETE A SEPARATE FORM FOR EACH REQUEST.**

- Change Annuitant  Add/Change Contingent Annuitant
- Change Payee for Annuity Payments

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

This change is not effective unless recorded by the Company at its Home Office. A recorded copy will be provided for the owner's record.

Signed at \_\_\_\_\_ Date \_\_\_\_\_ Sign Here \_\_\_\_\_  
CITY, STATE SIGNATURE OF OWNER