

Annuity Service Request Form — Non-Financial Transactions

CONTRACT INFORMATION

| | | | | |
|-----------------|------|-----------------------------|----------|--------------|
| Contract Number | | Annuitant | | |
| Owner | | Joint Owner (if applicable) | | |
| Owner's Address | City | State | Zip Code | Phone Number |

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.

INCOME DATE CHANGE

Defer the income date to (up to annuitant's age 99): _____

ADDRESS CHANGE OWNER ANNUITANT

| | | | | |
|-------------|------|-------|----------|--------------|
| New Address | City | State | Zip Code | Phone Number |
|-------------|------|-------|----------|--------------|

NAME CHANGE

Change the legal name of: Annuitant Owner Joint Owner Beneficiary Assignee

A name change requires copies of appropriate legal documentation. To change ownership complete form DO-598.

| | |
|--------|----|
| From | To |
| Reason | |

SIGNATURES

| | | |
|---|----------------------------|------|
| Owner's Signature | Social Security Number/TIN | Date |
| Joint Owner's Signature (if applicable) | Social Security Number/TIN | Date |

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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.

| | | | | |
|---|-----------------------|----------------------------|----------|--------------------------|
| Change Class I (Primary) Beneficiary To | Relationship to Owner | Social Security Number/TIN | | Date of Birth (if known) |
| Address | City | State | Zip Code | Phone Number |

| | | | | |
|---|-----------------------|----------------------------|----------|--------------------------|
| Change Class I (Primary) Beneficiary To | Relationship to Owner | Social Security Number/TIN | | Date of Birth (if known) |
| Address | City | State | Zip Code | Phone Number |

| | | | | |
|---|-----------------------|----------------------------|----------|--------------------------|
| Change Class II (Contingent) Beneficiary To | Relationship to Owner | Social Security Number/TIN | | Date of Birth (if known) |
| Address | City | State | Zip Code | Phone Number |

| | | | | |
|---|-----------------------|----------------------------|----------|--------------------------|
| Change Class II (Contingent) Beneficiary To | Relationship to Owner | Social Security Number/TIN | | Date of Birth (if known) |
| Address | City | State | Zip Code | Phone Number |

SIGNATURES

| | | |
|---|----------------------------|------|
| Owner's Signature | Social Security Number/TIN | Date |
| Joint Owner's Signature (if applicable) | Social Security Number/TIN | Date |