



Beneficiary Change Request For Annuity Policies

PLEASE USE PAGE TWO FOR LIFE BENEFICIARY DESIGNATIONS

Name _____ Policy Number(s) _____

Is this person an owner? Yes No Is this person an annuitant? Yes No

(There are special circumstances that apply if the person named above is BOTH a JOINT annuitant AND a JOINT owner. Please contact our office for assistance in completing this form under those circumstances.)

INSTRUCTIONS (Please complete in full)

- The Owner(s) must sign below and also sign and date any list if additional space is needed.
- Designations are revocable, unless stated as irrevocable. All irrevocable beneficiaries must sign this form. Revocable designations can be changed. Irrevocable designations can only be changed when signed by all irrevocable beneficiaries.
- When naming an existing trust as beneficiary, please provide the name, date and Tax ID number of the trust.
- When naming a testamentary trust to be set up under a will, please provide the trust's name and date of will.
- You must indicate if beneficiary is to be per stirpes or per capita (if not designated, it will be per stirpes).
Per Stirpes: if a named beneficiary is deceased, proceeds will be paid to their surviving children.
Per Capita: if a named beneficiary is deceased, proceeds will be divided equally between the other named surviving beneficiaries of that class.

Designation is (Mark One) Per Stirpes or Per Capita

Primary Beneficiary for the person named above:

1. Name _____ Date of Birth _____ SS# _____
Address _____ Relationship _____

2. Name _____ Date of Birth _____ SS# _____
Address _____ Relationship _____

Contingent Beneficiary for the person named above:

1. Name _____ Date of Birth _____ SS# _____
Address _____ Relationship _____

2. Name _____ Date of Birth _____ SS# _____
Address _____ Relationship _____

Settlement Option Beneficiary Restriction

I direct that the total death benefit payable to _____ (beneficiary name)
be applied as a settlement option and they are to receive an annuity income based on:
(check one) Life Settlement Option with Period Certain monthly over _____ number of years, OR Period Certain
monthly over _____ number of years.

The Following Should Sign This Request:

Owner _____ All Irrevocable Beneficiaries _____
Joint Owner(s) _____ Any Collateral Assignees (must always join with above) _____
Date _____, 20 _____

United Life Insurance Company has completed the changes herein requested.

Acknowledged _____ Date _____, 20 _____



Beneficiary Change Request

For Life Policies

PLEASE USE PAGE ONE FOR ANNUITY BENEFICIARY DESIGNATIONS

Name _____ Policy Number(s) _____

INSTRUCTIONS (Please complete in full)

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Per Capita: if a named beneficiary is deceased, proceeds will be divided equally between the other named surviving beneficiaries of that class.

Designation is (Mark One) Per Stirpes or Per Capita

Primary Beneficiary for the person named above:

1. Name _____ Date of Birth _____ SS# _____
 Address _____ Relationship _____

2. Name _____ Date of Birth _____ SS# _____
 Address _____ Relationship _____

Contingent Beneficiary for the person named above: (paid to if survives primary beneficiary)

1. Name _____ Date of Birth _____ SS# _____
 Address _____ Relationship _____

2. Name _____ Date of Birth _____ SS# _____
 Address _____ Relationship _____

Settlement Option Beneficiary Restriction

I direct that the total death benefit payable to _____ (beneficiary name)
 be applied as a settlement option and they are to receive an annuity income based on:
 (check one) Life Settlement Option with Period Certain monthly over _____ number of years, OR Period Certain
 monthly over _____ number of years.

The Following Should Sign This Request:

 Owner All Irrevocable Beneficiaries

 Joint Owner(s) Any Collateral Assignees (must always join with above)

Date _____, 20 _____

United Life Insurance Company has completed the changes herein requested.

Acknowledged _____ Date _____, 20 _____



Beneficiary Change Request

Continuation of Beneficiary Designations

*(Use **ONLY** to specify additional beneficiary changes from pages 1 or 2)*

Name (first, last) _____ Policy Number(s) _____

Full name of the person specifying these beneficiaries.

Additional Primary Beneficiaries	Additional Contingent Beneficiaries
Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____	Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____
Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____	Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____
Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____	Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____
Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____	Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____
Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____	Name _____ Relationship _____ SS# _____ Birthday _____ Address _____ _____

Owner's Signature (POA/Trustee Signature if applicable)

Joint Owner's Signature

Date

Completed by Home Office	
Duplicate received and filed at United Life Insurance Company	Policy Number _____
Acknowledged _____	Date _____, 20____