



Beneficiary Change Request

Mail to: P.O. Box 79905, Des Moines, IA 50325-0905

Overnight to: 4350 Westown Parkway, West Des Moines, IA 50266

I. Contract Holder Information

Annuity Contract Number

Owner's First Name

MI

Last Name

Social Security Number

Joint Owner's First Name

MI

Last Name

Social Security Number

Trust or Corporation Name (If current owner is a Trust or Corporation)

Tax ID Number (If current owner is a Trust or Corporation)

Owner's Mailing Address

Phone Number

City

State

Zip Code

II. Beneficiary Change Information

I hereby revoke all previous beneficiary designations and change the beneficiary(ies) according to Sections IV through VII of this form.

The new beneficiary designations are: Revocable Irrevocable (If no box is checked, the beneficiary designation will be revocable.)

- Irrevocable beneficiary designations require the signature of the irrevocable beneficiary in Section VIII. If you choose an irrevocable beneficiary, written consent is required before any future changes can be made.
- If a trust is listed as a primary beneficiary, the Certification of Trust Agreement (form 10112Z) must accompany this form.
- In order to meet IRS requirements, if there are joint owners, death proceeds are payable upon the death of the first owner. The Death Benefit proceeds will be payable to the owner's primary beneficiary. If the surviving owner is not the owner's primary beneficiary, they will not be entitled to the proceeds upon the death of the first owner.
- If there are joint annuitants, death proceeds are payable upon the death of the second annuitant.
- This Beneficiary Change Request form meets the Written Notice requirement defined in the annuity contract.
- If you want to designate more beneficiaries than this form allows, please fill out the required information on a separate sheet of paper that is signed according to Section VIII of this form. Attach it to this form.

III. Relationship Code Information

Please use the codes below to fill out the Relationship Code information in Sections IV through VII.

- | | | | | |
|--------------|---------------|--------------|--------------------|-------------|
| 01 - Husband | 04 - Mother | 07 - Brother | 14 - Stepdaughter | 32 - Nephew |
| 02 - Wife | 05 - Son | 08 - Sister | 19 - Grandson | 33 - Niece |
| 03 - Father | 06 - Daughter | 13 - Stepson | 20 - Granddaughter | 55 - Other |



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V. Owner's Contingent Beneficiary Designation

If the owner's primary beneficiary is no longer living at the time of the owner's death, the owner's contingent beneficiary will receive the Death Benefit proceeds.

Beneficiary's First Name		MI	Last Name		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Social Security Number		Relationship Code		Birth Date (mm/dd/year)	
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Beneficiary's Mailing Address (must be completed)					
<input type="text"/>					
City				State	Zip Code
<input type="text"/>				<input type="text"/>	<input type="text"/> - <input type="text"/>

Beneficiary's First Name		MI	Last Name		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Social Security Number		Relationship Code		Birth Date (mm/dd/year)	
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Beneficiary's Mailing Address (must be completed)					
<input type="text"/>					
City				State	Zip Code
<input type="text"/>				<input type="text"/>	<input type="text"/> - <input type="text"/>

Beneficiary's First Name		MI	Last Name		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Social Security Number		Relationship Code		Birth Date (mm/dd/year)	
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Beneficiary's Mailing Address (must be completed)					
<input type="text"/>					
City				State	Zip Code
<input type="text"/>				<input type="text"/>	<input type="text"/> - <input type="text"/>

Trust (or other non-living entity, e.g., corporation, estate, etc.)					
<input type="text"/>					
Tax Identification Number		Trust Date		% of Proceeds*	
<input type="text"/> - <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/>	
Certification of Trust Agreement (form 10112Z) must be attached.					
* % of Proceeds must equal 100%					



VII. Annuitant's Contingent Beneficiary Designation

If the annuitant's primary beneficiary is no longer living at the time of the annuitant's death, the annuitant's contingent beneficiary will receive the Death Benefit proceeds. Complete this section only if the owner(s) and annuitant(s) are not the same.

Beneficiary's First Name		MI	Last Name		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Social Security Number		Relationship Code		Birth Date (mm/dd/year)	
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Beneficiary's Mailing Address (must be completed)					
<input type="text"/>					
City				State	Zip Code
<input type="text"/>				<input type="text"/>	<input type="text"/> - <input type="text"/>

Beneficiary's First Name		MI	Last Name		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Social Security Number		Relationship Code		Birth Date (mm/dd/year)	
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Beneficiary's Mailing Address (must be completed)					
<input type="text"/>					
City				State	Zip Code
<input type="text"/>				<input type="text"/>	<input type="text"/> - <input type="text"/>

Beneficiary's First Name		MI	Last Name		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Social Security Number		Relationship Code		Birth Date (mm/dd/year)	
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Beneficiary's Mailing Address (must be completed)					
<input type="text"/>					
City				State	Zip Code
<input type="text"/>				<input type="text"/>	<input type="text"/> - <input type="text"/>

Trust (or other non-living entity, e.g., corporation, estate, etc.)					
<input type="text"/>					
Tax Identification Number		Trust Date		% of Proceeds*	
<input type="text"/> - <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/>	
Certification of Trust Agreement (form 10112Z) must be attached.					
* % of Proceeds must equal 100%					



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VIII. Signatures

Changes will not be valid unless signature section is completed.

IMPORTANT NOTICES REGARDING SIGNATURE REQUIREMENTS

*If this transaction is subject to a community property interest, we strongly recommend that you obtain your spouse's signature on the line below to document his/her consent to this transaction. States that recognize community property interests in property held by married persons include Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

You understand and agree that the Company may presume that no community property interest exists if you have not obtained your spouse's signature below. Further, you understand and agree that the Company has no duty to inquire further about any such community property interest. As a result, you agree to indemnify and hold the Company harmless from any consequences relating to community property interests and this transaction.

Please note that the term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law.

**If the current owner resides in the state of MA, the signature of a disinterested witness is required. A disinterested person is described as anyone other than a designated beneficiary. An agent may not sign as a disinterested witness.

Owner _____ Date _____

Joint Owner _____ Date _____

Irrevocable
Beneficiary (if any) _____ Date _____

* Current
Owner's Spouse _____ Date _____

** Disinterested
Witness _____ Date _____

