



☐ Female

☐ Entity ☐ Trust

Hereinafter referred to as the Company, we, our, or us)		The following ansamerica Life Insurance Co		ca Companies utilize this form: Transamerica Financial Life Insurance Com				
6400 C Street SW, Cedar Rapids, IA 52499		Fax: (877) 355-4385	=	Website: www.transamerica.com				
This form is utilized when there are more beneficiaries than allotted for on the accompanying application.								
POLICY INFORMATION								
Policy Owner Name		Policy Owner S	Social Secu	rity Number/Tax Identification Number				
Annuitant Name (if different than Owner)	Annuitant Social Security Number							
ADDITIONAL BENEFICIARY INFORMATION								
The percentages assigned must be whole percentages at the percentages do not total 100%, we will consider received. If a designation is incomplete or there are no payable per the terms of the policy.	this de	signation incomplete	until su	fficient beneficiary information i				
☐ Primary ☐ Contingent Allocation Percen	tage:	%						
Is this an Irrevocable Beneficiary? \square Yes \square 1	Мо							
Complete Legal Name:								
Relationship to Annuitant:								
Mailing Address:								
SSN/TIN: Date of E	Birth:		Tel	ephone:				
Gender: Male Citizenship: U.S. C	itizen	☐ Non-U.S.Citizen (€	Country:	,				
☐ Female ☐ Entity ☐ Trust		☐ Resident Alien	□ Non-	-Resident Alien				
☐ Primary ☐ Contingent Allocation Percent	ntage: _	%		_				
Is this an Irrevocable Beneficiary? Yes Yes	No							
Complete Legal Name:								
Relationship to Annuitant:								
Mailing Address:								
SSN/TIN: Date of	Birth: _		Te	elephone:				
Candar: Mala Citizanshin: US	7:::	Non II C Citizan	Country					

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☐ Resident Alien ☐ Non-Resident Alien

☐ Primary ☐ Contingent Allocation Percentage:									
	Is this an	Irrevocable Be	neficiary? 🔲 Yes 🔲 No						
	Complete	Complete Legal Name:							
	Relationsh	Relationship to Annuitant: Mailing Address:							
	Mailing A								
	SSN/TIN:		Date of Birth:	Telephone:					
	Gender:	☐ Male	Citizenship: U.S. Citizen	☐ Non-U.S.Citizen (Country:)				
		☐ Female ☐ Entity ☐ Trust		☐ Resident Alien ☐ Non-Resident Alien					
	Primary \Box	Contingent	Allocation Percentage: _	%					
	Is this an	Irrevocable Be	neficiary? 🔲 Yes 🔲 No						
	-	•							
		•							
	Maining A	duress.							
	SSN/TIN:		Date of Birth: _	Telephone:					
	Gender:	☐ Male	Citizenship: U.S. Citizen	☐ Non-U.S.Citizen (Country:)				
		☐ Female		☐ Resident Alien ☐ Non-Resident Alien					
		☐ Entity ☐ Trust							
	Primary _	Contingent	Allocation Percentage: _	%					
	Is this an	Irrevocable Be	neficiary? 🛘 Yes 🖨 No						
	Complete	Legal Name:_							
	Relationsh	nip to Annuita	nt:						
	Mailing A	Address:							
	SSN/TIN:			Telephone:					
	Gender:	□ Male□ Female□ Entity□ Trust	Citizenship: U.S. Citizen	☐ Non-U.S.Citizen (Country: Resident Alien ☐ Non-Resident Alien)				

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REQUIRED SIGNATURES

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of loss is guilty of a crime and may be subject to fines and confinement in state prison.

I acknowledge all information provided on this form is true and accurate.

Signature of Policy Owner	Date
Signature of Annuitant (if applicable)	Date

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