

Primary Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? Yes No

Complete Legal Name: _____

Relationship to Annuitant: _____

Mailing Address: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Gender: Male Female Entity Trust
Citizenship: U.S. Citizen Non-U.S. Citizen (Country: _____)
 Resident Alien Non-Resident Alien

Primary Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? Yes No

Complete Legal Name: _____

Relationship to Annuitant: _____

Mailing Address: _____

SSN/TIN: _____ Date of Birth: _____ Telephone: _____

Gender: Male Female Entity Trust
Citizenship: U.S. Citizen Non-U.S. Citizen (Country: _____)
 Resident Alien Non-Resident Alien

Primary Contingent Allocation Percentage: _____%

Is this an Irrevocable Beneficiary? Yes No

Complete Legal Name: _____

Relationship to Annuitant: _____

Mailing Address: _____


SSN/TIN: _____ Date of Birth: _____ Telephone: _____


Gender: Male Female Entity Trust
Citizenship: U.S. Citizen Non-U.S. Citizen (Country: _____)
 Resident Alien Non-Resident Alien

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