Beneficiary Change Request with Restricted Payout Instructions 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		Last Name		Social Security Number					
Trust or Corporation Name									
Tax ID Number (If current or	wner is a Trust or Corporation	n)							
-									
Owner's Mailing Address			Ph	one Number					
City			State	Zip Code					
II. Beneficiary Cha	ange Information								
I hereby revoke all pre	evious beneficiary des	signations and change th	ne beneficiary(ies) a	according to Sections V.					
through VIII. of this fo	orm.			-					
The new beneficiary des	signations are:	Revocable		box is checked, the beneficiary gnation will be revocable.)					
		the signature of the irrevo	cable beneficiary in	Section IX. If you choose					
an irrevocable benef	iciary, written consent is	s required before any futur	e changes can be m	ade.					
		-	•	2Z) must accompany this form.					
owner. The Death Be	enefit proceeds will be p	are joint owners, death pro payable to the owner's prin entitled to the proceeds u	nary beneficiary. If th	ie surviving owner is not the					
. ,		are payable upon the dea	•						
-		ts the Written Notice requ							
-	•			d information on a separate sheet					
		IX of this form. Attach it to		a mormation on a separate sheet					
III. Summary of De	ath Ronafit Distrik	oution Options							
-		nents for the beneficiary's	lifetime						
2. Life Annuity WITH P	eriod Certain: Proceeds	s paid in equal installments	s for a guaranteed nu	umber of payments, and then for					
as long as the bene	, ,	aid as a specified amount	until the principal an	d interest are exhausted					
		e paid in equal installment							
		able on IRA's only. A non- s are paid over the benefic		purchase a new contract from y.					
IV. Relationship C	ode Information								
•		elationship Code inform	ation in Sections V	through VIII.					
01 - Husband	04 - Mother	07 - Brother	14 - Stepdaugh	ter 32 - Nephew					
02 - Wife	05 - Son	08 - Sister	19 - Grandson	33 - Niece					
03 - Father	06 - Daughter	13 - Stepson	20 - Granddaug	hter 55 - Other					
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V. Owner's Primary Beneficiary Designation
In the event of the owner's death, Death Benefit proceeds are payable to the owner's primary beneficiary. If there
are joint owners, the Death Benefit is payable upon the first death.
Beneficiary's First Name MI Last Name
Social Security Number Relationship Code Birth Date (mm/dd/year) % of Proceeds
Beneficiary's Mailing Address (must be completed)
City State Zip Code
The beneficiary designation is: Per Capita Per Stirpes (If no box is checked, the beneficiary
Restriction Instructions designation will be per capita.) No Restriction. The beneficiary may elect the death benefit distribution option.
With Restriction. Select payout method (choose one)
Multi-Generational Distribution Option (only available on IRA's)
Life Annuity WITH Period Certain - Number of years
Income for a Specified Amount - Specified Amount \$
Semi-Annually Annually
Income for a Specified Period - Number of years *Minimum 5 Years Beneficiary's First Name MI
Social Security Number Relationship Code Birth Date (mm/dd/year) % of Proceeds
Beneficiary's Mailing Address (must be completed)
City State Zip Code
The beneficiary designation is: Per Capita Per Stirpes (If no box is checked, the beneficiary designation will be per capita.) Restriction Instructions Description Description
No Restriction. The beneficiary may elect the death benefit distribution option.
With Restriction. Select payout method (choose one)
Multi-Generational Distribution Option (only available on IRA's)
Life Annuity Payment Schedule (Choose One)
Income for a Specified Amount - Specified Amount \$
Income for a Specified Period - Number of years * *Minimum 5 Years
Trust (or other non-living entity, e.g., corporation, estate, etc.) Certification of Trust Agreement (form 10112Z) must be attached.
Tax Identification Number Trust Date % of Proceeds
Restriction Instructions

No Restriction. The beneficiary may elect the death benefit distribution option.

With Restriction. Select payout method (choose one)

Multi-Generational Distribution Option (only available on IRA's)

Income for a Specified Amount - Specified Amount \$	Payment Schedule (Choose On
Income for a Specified Period - Number of years * * *Minimum +	Semi-Annually Annual



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VI. 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.

Dell	eficiary's	First Na	ne						м	<u> </u>	Las	t Name								-			
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	-		-									/		1									
Ben	eficiary's	Mailing	Addre	ss (n	nust be	e comp	oleted)											L				
City							_						· ·		S	State	_	Zip Co	ode		_		
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Soc	ial Securi	ty Numb	er 🔽			Ъ	Re	lations	ship Co	ode	Birt	h Date	(mm/dd	/year))	_			9 Г	6 of Pr		eds	
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VII. Annuitant's Primary Beneficiary Designation In the event of the annuitant's death, Death Benefit proceeds are payable to the annuitant's primary beneficiary. If there

are joint annuitants, the Death Benefit is payable upon the second death. <u>Complete</u> annuitant(s) are not the same.	this section only if the owner(s) and
Beneficiary's First Name MI Last Name	
Social Security Number Relationship Code Birth Date (mm/dd/year)	% of Proceeds
Beneficiary's Mailing Address (must be completed)	
City	State Zip Code
The beneficiary designation is: Per Capita Per Stirpes	(If no box is checked, the beneficiary
Restriction Instructions No Restriction. The beneficiary may elect the death benefit distribution option. 	designation will be per capita.)
With Restriction. Select payout method (choose one)	
Multi-Generational Distribution Option (only available on IRA's)	
Life Annuity	Payment Schedule (Choose One)
Life Annuity WITH Period Certain - Number of years	Monthly Quarterly
Income for a Specified Amount - Specified Amount \$	Semi-Annually
Income for a Specified Period - Number of years *Minimum 5	
Beneficiary's First Name MI Last Name	
Social Security Number Relationship Code Birth Date (mm/dd/year)	% of Proceeds
Beneficiary's Mailing Address (must be completed)	
	State Zip Code
Image: Image and the image	(If no box is checked, the beneficiary
Restriction Instructions	designation will be per capita.)
No Restriction. The beneficiary may elect the death benefit distribution option.	
 With Restriction. Select payout method (choose one) Multi-Generational Distribution Option (only available on IRA's) 	
Life Annuity WITH Period Certain - Number of years	Payment Schedule (Choose One)
☐ Income for a Specified Amount - Specified Amount \$	Monthly Quarterly
Income for a Specified Period - Number of years * *Minimum 5	Years
Trust (or other non-living entity, e.g., corporation, estate, etc.) Certification of Trust Agreement (form	
Tax Identification Number Trust Date % of	of Proceeds
Restriction Instructions	
 No Restriction. The beneficiary may elect the death benefit distribution option. With Restriction. Select payout method (choose one) 	
Multi-Generational Distribution Option (only available on IRA's)	
	Payment Schedule (Choose One)
Income for a Specified Amount - Specified Amount \$	Monthly Quarterly
☐ Income for a Specified Period - Number of years*	Semi-Annually Annually
*Minimum 5	
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nuitant's Contingent Beneficiary Designation VIII Λ.

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Statement of Additional Information

This beneficiary designation with restricted payout will remain in effect until annuity payments begin. The beneficiary will have no right to change the death distribution option as listed on this form or receive a lump sum distribution. If no beneficiary is living when death benefit becomes payable, payment will be made according to the provisions of the contract.

If death of the annuitant or an owner occurs after annuity payments have begun, the restricted payout option is cancelled, and death proceeds are payable according to the provisions of the contract.

If the beneficiary is a minor, any payments will be made in accordance with state law.

This Beneficiary Change Request with Restricted Payout Instructions form restricts the options available to a beneficiary at the death of an annuitant or owner. Proof of death must be provided to the Company within the required time period. If not, death proceeds will be paid as stated in the Death Benefit section of the contract.

All six pages of this form must be returned.

IX. Signatures

Changes will not be valid unless signature section is completed and notarized.

Owner		Date
Joint Owner		Date
Irrevocable Benefic	iary (if any)	Date
* Current Owner's Spouse	(If you are not married, please write "N/A" on this line)	Date
** Disinterested Witness		Date
	IMPORTANT NOTICES REGARDING SIGNATU	RE REQUIREMENTS
*If you live in one and WI	of the following states, your spouse's signature, if applicable, is	
**If the current ow described as anyo	mer resides in the state of MA, the signature of a disinterested ne other than a designated beneficiary. An agent may not sign as	d witness is required. A disinterested person is a disinterested witness.
	NOTARY SIGNATURE	
STATE OF		
COUNTY OF		
Before me, the unde	ersigned, personally appeared who is personally known to me and and acknowledged before me that they executed the same.	d known to be the party who executed the
Witness my hand a	nd official seal in the County and State aforementioned this	day of 20
	Notary Pu	blic
	My Comm	ission Expires:
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