

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

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 V. through VIII. 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 IX. 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 IX of this form. Attach it to this form.

III. Summary of Death Benefit Distribution Options

1. Life Annuity: Proceeds paid in equal installments for the beneficiary's lifetime.
2. Life Annuity WITH Period Certain: Proceeds paid in equal installments for a guaranteed number of payments, and then for as long as the beneficiary is living.
3. Income for a Specified Amount: Proceeds paid as a specified amount until the principal and interest are exhausted.
4. Income for a Specified Period: Proceeds are paid in equal installments for a specified number of years.
5. Multi-Generational Distribution Option: Available on IRA's only. A non-spouse can elect to purchase a new contract from proceeds of a deceased IRA and proceeds are paid over the beneficiary's life expectancy.

IV. Relationship Code Information

Please use the codes below to fill out the Relationship Code information in Sections V through VIII.

- | | | | | |
|--------------|---------------|--------------|--------------------|-------------|
| 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 |



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	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 20px;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Social Security Number		Relationship Code	Birth Date (mm/dd/year)	% of Proceeds
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 20px;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 20px;"></div>
Beneficiary's Mailing Address (must be completed)				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
City			State	Zip Code
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			<div style="border: 1px solid black; height: 20px; width: 20px;"></div>	<div style="border: 1px solid black; height: 20px; width: 40px;"></div>
The beneficiary designation is: <input type="checkbox"/> Per Capita <input type="checkbox"/> Per Stirpes (If no box is checked, the beneficiary designation will be per capita.)				
Restriction Instructions				
<input type="checkbox"/> No Restriction. The beneficiary may elect the death benefit distribution option.				
<input type="checkbox"/> With Restriction. Select payout method (choose one)				
<input type="checkbox"/> Multi-Generational Distribution Option (only available on IRA's)				
<input type="checkbox"/> Life Annuity			Payment Schedule (Choose One) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	
<input type="checkbox"/> Life Annuity WITH Period Certain - Number of years <div style="border: 1px solid black; width: 20px; height: 20px;"></div> *				
<input type="checkbox"/> Income for a Specified Amount - Specified Amount \$ <div style="border: 1px solid black; width: 60px; height: 20px;"></div> *				
<input type="checkbox"/> Income for a Specified Period - Number of years <div style="border: 1px solid black; width: 20px; height: 20px;"></div> * *Minimum 5 Years				
Beneficiary's First Name		MI	Last Name	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 20px;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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<input type="checkbox"/> Income for a Specified Period - Number of years <div style="border: 1px solid black; width: 20px; height: 20px;"></div> * *Minimum 5 Years				
Trust (or other non-living entity, e.g., corporation, estate, etc.) Certification of Trust Agreement (form 10122) must be attached.				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
Tax Identification Number		Trust Date	% of Proceeds	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 20px;"></div>	
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<input type="checkbox"/> Income for a Specified Period - Number of years <div style="border: 1px solid black; width: 20px; height: 20px;"></div> * *Minimum 5 Years				



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.

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: <input type="checkbox"/> Per Capita <input type="checkbox"/> Per Stirpes																					
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										<input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually											
*Minimum 5 Years																					



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. Complete this section only if the owner(s) and annuitant(s) are not the same.

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: <input type="checkbox"/> Per Capita <input type="checkbox"/> Per Stirpes (If no box is checked, the beneficiary designation will be per capita.)																								
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Social Security Number					Relationship Code					Birth Date (mm/dd/year)					% of Proceeds									
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VIII. 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										
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: <input type="checkbox"/> Per Capita <input type="checkbox"/> Per Stirpes (If no box is checked, the beneficiary designation will be per capita.)																					
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										<input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually											
*Minimum 5 Years																					



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 Beneficiary (if any) _____ Date _____

* Current
Owner's Spouse _____ Date _____
(If you are not married, please write "N/A" on this line)

** Disinterested
Witness _____ Date _____

IMPORTANT NOTICES REGARDING SIGNATURE REQUIREMENTS

*If you live in one of the following states, your spouse's signature, if applicable, is required: AK, AZ, CA, ID, LA, NM, NV, TX, WA, and WI

**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.

NOTARY SIGNATURE

STATE OF _____

COUNTY OF _____

Before me, the undersigned, personally appeared who is personally known to me and known to be the party who executed the foregoing document and acknowledged before me that they executed the same.

Witness my hand and official seal in the County and State aforementioned this _____ day of _____ 20__

Notary Public

My Commission Expires: _____

