

# ANNUITY CHANGE REQUEST FORM

♦ **GENERAL INFORMATION** (Please Print)

Name of Annuitant: _____	Phone Number: _____
Vantis Life Annuity Contract Number(s): _____	Type of Annuity: <input type="checkbox"/> Qualified
Name of Owner: _____	<input type="checkbox"/> Non-Qualified

♦ **CHANGE OF BENEFICIARY** (If additional space is needed, please attach separate sheet)

All Beneficiaries in one class will share equally, unless otherwise stated. Please complete all Beneficiary(ies) information listed below:

Name: _____	Address: _____	
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____
Beneficiary Class:(Check One)	<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Split Percentage: _____

Name: _____	Address: _____	
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____
Beneficiary Class:(Check One)	<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Split Percentage: _____

Name: _____	Address: _____	
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____
Beneficiary Class:(Check One)	<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Split Percentage: _____

**IMPORTANT NOTE: The above Beneficiary designation replaces all previous designations made under the above contract.**

♦ **CHANGE OF ADDRESS**

_____	_____
Street Address	P.O. Box (if applicable)
_____	_____
City	Effective Date
State	Zip

♦ **CHANGE OF OWNERSHIP**

List new owner(s) below: *Please note: All Owners in one class will share equally, unless otherwise stated*

Name: _____	Address: _____	
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____
Ownership Class:(Check One)	<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	

Name: _____	Address: _____	
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____
Ownership Class:(Check One)	<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	

**IMPORTANT NOTE: The above Ownership designation replaces all previous designations made under the above contract.**

Reason for Change: \_\_\_\_\_

Note: Non-Spousal ownership changes may result in current tax liability. If change is due to the death of the current owner attach a copy of the death certificate. Review beneficiary designations when changing an Owner. For example, if transferring ownership to a Trust, you may wish to elect the Trust as the Beneficiary.

♦ CHANGE OF NAME

Owner       Annuitant       Other (specify) \_\_\_\_\_

Change Name From: \_\_\_\_\_ To: \_\_\_\_\_

Old Signature: \_\_\_\_\_ New Signature: \_\_\_\_\_

Reason for Change:  Marriage     Divorce     Court Order     Other (specify) \_\_\_\_\_

**Important Note: Appropriate documentation (e.g.: Marriage Certificate, Divorce Decree) is required.**

♦ DELETION OF OWNER/ANNUITANT

Name to be Deleted: \_\_\_\_\_  Owner       Annuitant

Social Security #: \_\_\_\_\_ Reason for Change: \_\_\_\_\_

**Important Note: The contract must be returned to effect this change. If deletion is due to Death, a certified copy of the Death Certificate must accompany this request.**

♦ CHANGE OF SOCIAL SECURITY NUMBER/CHANGE OF DATE OF BIRTH

Incorrect Social Security #: \_\_\_\_\_ Correct Social Security #: \_\_\_\_\_

Incorrect Date of Birth: \_\_\_\_\_ Correct Date of Birth: \_\_\_\_\_

Name of Individual: \_\_\_\_\_

**Important Note: Proof of correct Social Security # or Date of Birth required with this request.**

♦ CHANGE OF SERVICING AGENCY/BANK/AGENT

Name of new Agency/Bank: \_\_\_\_\_ Agency/Bank #: \_\_\_\_\_

Name of new Agent/Producer: \_\_\_\_\_ Agent/Producer #: \_\_\_\_\_

♦ CHANGE OF INITIAL PREMIUM

Change From: \_\_\_\_\_ To: \_\_\_\_\_

**Important Note: The contract must be returned to effect this change.**

♦ DISCLOSURE AND SIGNATURES

I have reviewed the completed information and it correctly reflects my intended changes. I also certify that, under penalty of perjury, the Social Security Number shown below is my correct number. Any change indicated above will become effective on the date this form is signed, provided this form has been properly executed upon receipt.

**Social Security Number of Owner or other Authorized Individual:** \_\_\_\_\_

X	X	
Signature of Owner	Signature of Joint Owner (Required for Transfer of Ownership Only)	Date

X

Signature of Other Authorized Individual \*

As\*:  New Owner  
 Power of Attorney\*\*  
 Conservator\*\*  
 Assignee  
 Irrevocable Beneficiary

\*\* Certified Copy of Appointment and Photo ID is required.

NAME OF AGENCY/BANK	INTERNAL USE ONLY	PRODUCER #	BRANCH #