

## ADDITIONAL BENEFICIARY ATTACHMENT

Certificate Number(s) \_\_\_\_\_ Insured/Annuitant \_\_\_\_\_

### INSTRUCTIONS FOR ADDITIONAL BENEFICIARY ATTACHMENT FORM

This form is used when additional space is required to list beneficiaries with the following forms:

- **Beneficiary Change Request** – 437-04 or 437A-08 forms
- **Any new life or annuity application**

In order to be valid, this form (437-15 ATTCH) must be dated the same date as and submitted with 1) a new life or annuity application or 2) Beneficiary Change Request form 437-04 or 437A-08.

### 1. ANNUITANT OR OWNER ATTACHMENT

If submitting with form 437A-08 or a new non-tax qualified annuity application, please indicate if this is an addition for the Annuitant or Owner designation. **Check one:**  Annuitant  Owner

### 2. DESIGNATED INDIVIDUALS OR ORGANIZATIONS - CONTINUED

- Total % share for all primary beneficiaries must equal 100%. Total % share for all contingent beneficiaries must equal 100%.
- The beneficiary share percentages must be entered in whole numbers. Dollar amounts and fractions are not permitted.
- If a box is not checked, the beneficiary default will be Primary.

Beneficiary type (check one): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage _____%	<input type="checkbox"/> Distribute "Limited Per Stirpes"	
Individual or Company Name	SSN (or TIN)	Date of Birth	Relationship to Insured
Address	City	State	Zip
Beneficiary type (check one): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage _____%	<input type="checkbox"/> Distribute "Limited Per Stirpes"	
Individual or Company Name	SSN (or TIN)	Date of Birth	Relationship to Insured
Address	City	State	Zip
Beneficiary type (check one): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage _____%	<input type="checkbox"/> Distribute "Limited Per Stirpes"	
Individual or Company Name	SSN (or TIN)	Date of Birth	Relationship to Insured
Address	City	State	Zip
Beneficiary type (check one): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage _____%	<input type="checkbox"/> Distribute "Limited Per Stirpes"	
Individual or Company Name	SSN (or TIN)	Date of Birth	Relationship to Insured
Address	City	State	Zip
Beneficiary type (check one): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage _____%	<input type="checkbox"/> Distribute "Limited Per Stirpes"	
Individual or Company Name	SSN (or TIN)	Date of Birth	Relationship to Insured
Address	City	State	Zip

### 3. REQUIRED SIGNATURES

Owner Signature	Printed Name	Date
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