

Request for Change of Annuitant and Owner

as permitted under §72(s) of the Internal Revenue Code for spousal beneficiaries of non-tax qualified annuities

NAME OF DECEASED
ANNUITANT/OWNER _____

CERTIFICATE NO. _____

This form may only be submitted if ALL FOUR of the following requirements are satisfied:

1. If one individual was recorded as both the annuitant and owner of a Gleaner non-tax qualified annuity and that individual dies;
2. If such death occurs before payouts under a settlement option begin;
3. If the spouse of the deceased annuitant/owner was recorded as the sole primary designated beneficiary of the annuity; and,
4. If the spousal beneficiary elects within 60 days following the date on which Gleaner receives proof of death to continue the annuity certificate and become the new annuitant and owner.

Please submit the following:

- Claim for Death Benefits (Form 159-07), signed by the designated spousal beneficiary; and,
- An original certified copy of official death certificate that lists the cause of death.

Please select one:

1. Record me as the new annuitant and owner and leave this certificate in force. Any surrender charges remaining on the existing certificate will be waived. I have signed and submitted an Election of Change of Beneficiary (Form 437-04) to record an updated beneficiary designation in the event of my death. I understand that any applicable Loyalty Bonus will be deferred and paid to my beneficiary based on the value of my annuity at the time of my death.
2. Record me as the new annuitant and owner and then process a tax free 1035 exchange to a new Gleaner certificate. I have signed and submitted an application for a new Gleaner certificate. I understand that I will start a new surrender charge period on the new annuity.
3. Record me as the new annuitant and owner and then process a tax free 1035 exchange for \$_____ into my existing Gleaner Certificate # _____. I understand that any applicable Loyalty Bonus due on the portion exchanged to my existing certificate will be deferred and paid to my beneficiary based on the value of my annuity at the time of my death. I understand the amount transferred cannot exceed the maximum deposit amount permitted on my existing certificate. I also understand that I cannot transfer the claim proceeds into a certificate that pays a higher guaranteed accumulation rate than what was guaranteed on the prior certificate.

Spousal Beneficiary Information: (Please Print)

Name of Spousal Beneficiary _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Date of Birth _____ Age _____

I certify that the foregoing statements are true and complete to the best of my knowledge.

Signature of Spousal Beneficiary

Date

Home Office Use Below This Line: The original has been received and approved as of this date. Please file a copy of this form with your certificate to avoid future misunderstandings.

Signature of Home Office Registrar

Date

