

## Instructions for Change of Beneficiary - Annuity

Please use the attached form to request a change in beneficiary for an annuity contract. **Do not complete the Change of Beneficiary section for a change of name only.**

This request, when completed, is recorded and is in substitution of all previous designations. Be sure to rename all previous beneficiaries who are to receive any of the proceeds of the policy. If the policy has Joint Ownership, all Owners must sign any form submitted.

Complete the Change of Beneficiary form by listing the full given name for each person named as a beneficiary. Indicate their mailing address and residence address (if different), social security number or Tax ID, date of birth, and relationship to the Owner. Sign and date the form where required, and obtain signatures of all additional parties, as outlined below.

### SIGNATURE REQUIREMENTS

1. **The Owner:** The Annuitant is usually the Owner, but ownership may be vested wholly or partially in:
  - a) Another person, whose signature is required. Joint-Owners are limited to a Spouse, who must sign.
  - b) A Trust. All trustees must sign and a copy of the Declaration of Trust page that stipulates the name of the trust, the date of the trust and the names of all trustees is required.
  - c) A Corporation. The signature and title of an authorized officer, other than the Owner, is required, with the corporate seal affixed over it. In addition, a copy of the Articles of Incorporation or Partnership Agreement must be provided to show the Officers/Owners with the authority to make the change.
  - d) A Partnership. All Partners must sign.
2. **Juvenile:** If the Annuitant is a minor, the person or persons controlling the policy must sign the change form as the Owner (i.e., Parent or Guardian).
3. **Witness:** The witness must be over the age of 18 and not be a beneficiary on the change form.
4. **Spouse:** Special community property requirements apply if the Annuity was issued in or the Owner resides in one of the following Community Property States (or jurisdictions):

**Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin and Puerto Rico.**

If the Annuity was issued in a Community Property State, the spouse at the time of issue, if any, must sign the change form. In case of a divorce, you will need to submit a copy of your divorce decree, or a notarized Spousal Waiver Form signed by your former spouse. Otherwise, he/she will be required to sign the change form. When the Owner currently resides in a Community Property State, the Owner's current spouse, if any, must sign the change form.

In the case of a Qualified Domestic Relations Order (QDRO), additional documentation may be required.

In the case of a deceased spouse, a copy of the death certificate must be submitted.

This Change of Beneficiary form is not effective unless and until it has been approved by American Fidelity Assurance Company. Upon approval by American Fidelity Assurance Company, a copy of the approved Change of Beneficiary form will be sent to you for your records.

**If you have any questions about your annuity policy, or about your request for a change in beneficiary, please call us at:** 800-662-1106. LOCAL (405) 523-2027 or Email: [annuity.services@americanfidelity.com](mailto:annuity.services@americanfidelity.com).

**Please return Change of Beneficiary form to:**

**Annuity Services Department  
PO Box 25520  
Oklahoma City, OK 73125-0520**

## EXAMPLES OF COMMONLY USED BENEFICIARY DESIGNATIONS

A list of the more common types of beneficiary designations requested and examples of proper wording for each type follows. When proceeds are to be split between more than one beneficiary, indicate the percentage (rather than the dollar amounts) to be paid to each.

TYPE OF BENEFICIARY	EXAMPLES OF WORDING TO BE USED
1) One primary beneficiary	Mary E. Doe, Wife (NOT Mrs. John J. Doe)
2) Two primary beneficiaries (equal shares)	John J. Doe, Father Mary E. Doe, Mother
3) Two primary beneficiaries (unequal shares)	75% to Mary E. Doe, Wife 25% to Jane J. Doe, Mother
4) One primary beneficiary and one contingent Beneficiary	Primary– Mary E. Doe, Wife Contingent – Jane J. Doe, Mother
5) One primary beneficiary and two contingent beneficiaries	Primary – Mary E. Doe, Wife Contingent – 75% to Jane J. Doe, Mother 25% to James H. Doe, Brother
6) One primary beneficiary (spouse) and contingent beneficiaries (equal shares to children)	Primary– Mary E. Doe, Wife Contingent – Sam M. Doe, Son Susan B. Doe, Daughter Ann R. Doe, Daughter Adam P. Doe, Son
7) Corporation or Charitable Organization	The ABC Company, Inc., an Oklahoma corporation
8) Owner's Estate *	Estate of the Owner
11) Trustee beneficiary (Trust established under written Trust Agreement. Payment of the proceeds to or the release of the trustee shall constitute a full discharge to the Company of all liability under the policy.)  <b>A copy of the Declaration of Trust page that stipulates the name of the trust, the date of the trust and the names of all trustees is required.</b>	The John J. Doe Trust dated xx/xx/xxxx, Jane Doe as Trustee

**\* Please check with your tax or legal advisor regarding naming your Estate as Beneficiary.**

**CHANGE OF BENEFICIARY**

**Please Read Instructions For Change Of Beneficiary – Annuity Before Completing This Form**

<hr/> Annuitant	<hr/> Social Security Number	<hr/> Policy Number
<hr/> Owner (if different than Annuitant)	<hr/> Social Security, or Tax ID if Trust or Organization	<hr/> Telephone Number
<hr/> Residence Address	<hr/> Street Address and PO Box, if any	<hr/> City
		<hr/> State
		<hr/> Zip
<hr/> Mailing Address (if different from above)	<hr/> Street Address and PO Box, if any	<hr/> City
		<hr/> State
		<hr/> Zip

**FIRST BENEFICIARY (PRIMARY) Please Print (if additional lines are needed, please attach separate sheet of paper)**

Full Name Of Beneficiary	Address	Relationship to Owner	Social Security, or Tax ID if Trust or Org.	Date of Birth

If more than one primary beneficiary is named, benefits will be paid in equal shares to the survivor(s), unless indicated otherwise. If there is no surviving primary beneficiary(ies), proceeds will be paid as indicated below:

**SECOND BENEFICIARY (CONTINGENT) Please Print (if additional lines are needed, please attach separate sheet of paper)**

Full Name Of Beneficiary	Address	Relationship to Owner	Social Security, or Tax ID if Trust or Org.	Date of Birth

If more than one contingent beneficiary is named, benefits will be paid in equal shares to the survivor(s), unless indicated otherwise. If no beneficiary survives the Owner, the proceeds will be paid to the estate of the Owner

All relationships shall be in reference to the Owner named in the heading of this request form. If a beneficiary is other than a person, all references herein to life or death shall be construed to refer to the continuance or non-continuance of such entity's existence. The interests of all beneficiaries are subject to any assignment of this policy on record at the Home Office of the Company.

Is every Beneficiary(s) a citizen of the United States? Yes  No  If No, who is not? \_\_\_\_\_  
 Place / Country of Citizenship? \_\_\_\_\_

Attach a copy of the current valid VISA or Alien Registration Receipt Card **OR** provide card number: \_\_\_\_\_

Unless otherwise stated in the policy, the Owner(s) reserve(s) the right to further change the beneficiary without the beneficiary's consent. If the policy numbered above is not in force when this agreement is recorded such action shall not constitute an admission by the Company that the policy is in force.

I, the Owner of the above numbered annuity, hereby request that the Beneficiary(ies) of this policy be changed as shown above.

It is understood that this request for Change of Beneficiary will replace all previous requests and will take effect on the date recorded by the Company, as indicated below. This request for Change of Beneficiary is subject to review by American Fidelity Assurance Company. The Company reserves the right to advise against any request for Change of Beneficiary if said request does not comply with the insurance laws of the State in which the contract is delivered or if said request alters the tax deferred nature of the contract. You are encouraged to consult with your own tax advisor before making any request for Change of Beneficiary.

<hr/> Witness	<hr/> Signature of Owner	<hr/> Date
<hr/> Witness	<hr/> Signature of Joint Owner, if any	<hr/> Date
<hr/> Witness	<hr/> Signature of Owner's Spouse, if Community Property State	<hr/> Date
<hr/> Witness	<hr/> Signature of Irrevocable Beneficiary, if any	<hr/> Date

**FOR HOME OFFICE USE ONLY** – The foregoing request has been recorded at the Home Office of American Fidelity Assurance Company, Oklahoma City, Oklahoma. Date: \_\_\_\_\_ Approved by: \_\_\_\_\_