

TAX-SHELTERED ANNUITY SERVICE REQUEST

INSTRUCTIONS: The Annuitant may use this form for the service requests described below. Please check the appropriate block(s) and supply the information requested, then mail the form to R. W. Durham & Company, 21515 Hawthorne Bl., Suite 355, Torrance, CA 90503

ANNUITANT	SOCIAL SECURITY NUMBER	CONTRACT NO.
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ADDRESS CHANGE

TO: _____ Street Address _____ Unit _____
 _____ City _____ State _____ Zip Code _____
 Telephone _____ Effective Date _____
 () _____

INCREASE **DECREASE (CHECK ONE)**

My contributions from \$ _____
 To \$ _____ effective _____ (Date)

OTHER CHANGES

Change the frequency of my contributions from _____ to _____
 Change my employer to _____
 Address _____
 Resume or Stop my contributions effective _____ at \$ _____
 (Date) (Amount)

CORRECT SSN OR DATE OF BIRTH

Correct my: Social Security No. Date of Birth to read
 SSN _____ DOB _____

NAME CHANGE / AMENDMENT

Annuitant Primary Beneficiary Contingent Beneficiary
 Old name in full _____
 New name in full _____
 Date of Change _____
If due to marriage, send copy of marriage certificate. If other than marriage, send copy of court order.

LOST CONTRACT AFFIDAVIT

This contract has been lost, mislaid or destroyed. I release the Company from any further claim against the contract and agree to return the contract to the Company if it is recovered.
 I request a duplicate contract. The original contract shall be null and void immediately on receipt of the duplicate copy.

I agree that any contract change requested shall be subject to the provisions of the contract and approval by the Company. It is also agreed that any additional information required by the Company to effect the requested changes will be supplied upon request. Following completion of all requirements, the requested contract changes made by this request constitute a supplement to the original application for the contract and shall form a part of the contract.

All signatures must be in ink, and conform to the signatures on file with the Company.

Signature of Annuitant _____	Date _____	Signature of Witness _____
Signature of Agent _____	Date _____	Agent # _____

When countersigned, this request is acknowledged and accepted by GENERAL AMERICAN LIFE INSURANCE COMPANY.

_____ Date _____ Countersigned _____ Title _____

ANNUITANT (Please retain Goldenrod copy. Send original and all other copies to address shown above.)

BENEFICIARY CHANGE / AMENDMENT

I REVOKE ALL PRIOR DESIGNATIONS OF BENEFICIARY. The new beneficiary shall be as stated. If a class of beneficiaries is named, the name of each current beneficiary in that class must be listed. (See reverse side for beneficiary change terms and examples of simple beneficiary designations and wording). If you are changing your primary beneficiary to a trust, please submit a copy of the trust agreement.

Primary Beneficiary	Contingent Beneficiary	_____
<input type="checkbox"/>	<input type="checkbox"/>	Full given name _____
		Date of Birth _____ Relationship to Annuitant _____
		SSN _____
		Street Address _____ Unit _____
		City _____ State _____ Zip _____
<input type="checkbox"/>	<input type="checkbox"/>	Full given name _____
		Date of Birth _____ Relationship to Annuitant _____
		SSN _____
		Street Address _____ Unit _____
		City _____ State _____ Zip _____
<input type="checkbox"/>	<input type="checkbox"/>	Full given name _____
		Date of Birth _____ Relationship to Annuitant _____
		SSN _____
		Street Address _____ Unit _____
		City _____ State _____ Zip _____

SPECIAL INSTRUCTIONS OR REMARKS

