

Annuity Service Request

ANNUITANT	SOCIAL SECURITY NUMBER	CONTRACT NO.
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<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> BENEFICIARY CHANGE / AMENDMENT
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TO: _____ Street Address _____ Unit _____

_____ City _____ State _____ Zip Code _____

_____ Telephone _____ Type _____

(_____) Billing Residence

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 _____ (Date) at \$ _____ (Amount)

Annuity Date Change From: _____ To: _____

CORRECT SSN OR DATE OF BIRTH

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

SSN _____ DOB _____

NAME CHANGE / AMENDMENT

Annuitant Primary 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 the 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/Owner _____	Date: _____
Signature of Spouse _____	Signed at _____
Signature of Witness _____	Address of Witness _____
Signature of Agent _____	Agent # _____

I REVOKE ALL PRIOR DESIGNATIONS OF BENEFICIARY. The new beneficiary shall be as stated. If more than one beneficiary is named, then in equal shares to the survivors, unless otherwise indicated.

Beneficiary Change: Primary Contingent

Full Name _____ Date of Birth _____

SSN _____ Relationship to the Annuitant _____

Street Address _____

City _____ State _____ Zip _____

Beneficiary Change: Primary Contingent

Full Name _____ Date of Birth _____

SSN _____ Relationship to the Annuitant _____

Street Address _____

City _____ State _____ Zip _____

* Note: In states having community property laws, the spouse of the Annuitant/Owner must sign below if anyone other than the spouse is being designated. For all TSAs, the spouse of the Annuitant/Owner must sign a Spousal Waiver Form if anyone other than the spouse is being designated.

This beneficiary designation has been recorded by Transamerica

Date recorded _____ By _____

SPECIAL INSTRUCTIONS OR REMARKS
