



Physicians Life Insurance Company  
 Annuity Customer Service  
 PO Box 2316  
 Omaha, NE 68172-4081  
 1.800.720.2891

## Change of Beneficiary Designation for Annuity Contracts

### Owner/Annuitant Information

Owner's Name \_\_\_\_\_  
 Joint Owner/Applicant's Name (If applicable) \_\_\_\_\_  
 Contract Number \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
 Fax Number (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_  
 Annuitant's Name (If different from Owner) \_\_\_\_\_  
 Joint Annuitant's Name (If applicable) \_\_\_\_\_

### Beneficiary Change Request

All prior Beneficiary designations are hereby revoked and the following are designated as Beneficiaries under this contract. (Please attach an additional page if necessary.)

#### Primary Beneficiary

Name (Last, First, MI)	Address	Phone Number	Date of Birth	Relationship	Social Security Number/ Tax Identification Number	% Allocation
<b>Total Allocation</b>						

**Contingent Beneficiary** - If there is no Primary Beneficiary living to receive payment, proceeds will be paid to the Contingent Beneficiary.

Name (Last, First, MI)	Address	Phone Number	Date of Birth	Relationship	Social Security Number/ Tax Identification Number	% Allocation
<b>Total Allocation</b>						

**Note:** For jointly owned and joint annuitant contracts, please refer to your annuity contract regarding death benefits. If you intend death proceeds to be paid to the surviving Owner/Annuitant, it is necessary to include them as the Primary Beneficiary.

### Signatures and Acknowledgment

To the best of my knowledge and belief, the statements and answers contained in this request are true and complete. I understand the request will not become effective until approved by the Company in accordance with the terms of the contract. I understand this request will be acknowledged in writing.

**X** \_\_\_\_\_  
 Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**X** \_\_\_\_\_  
 Joint Owner's Signature (If applicable) \_\_\_\_\_ Date \_\_\_\_\_

**X** \_\_\_\_\_  
 \*Irrevocable Beneficiary's Signature (If applicable) \_\_\_\_\_ Date \_\_\_\_\_

**X** \_\_\_\_\_  
 Notary Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Requires Notary Witness

Place Notary's  
Seal here →

