



Insurance for all of us.™

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	Age	Relationship	Social Security Number/ Tax Identification Number	% Allocation

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	Age	Relationship	Social Security Number/ Tax Identification Number	% Allocation

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 _____ Date _____
 Owner's Signature

X _____ Date _____
 Joint Owner's Signature (If applicable)

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

X _____ Date _____
 Notary Witness' Signature

*Requires Notary Witness

Place Notary's
Seal here →

