



CHANGE OF BENEFICIARY ANNUITY

1) Owner's Information

All fields are required.

Name (please print the owner's full name as it appears on the policy)

Policy Number

Mailing Address (Including apartment or box number)

Email Address (Optional)

City State Zip

SSN or Taxpayer ID Number

Daytime Telephone Number

Important Information Regarding Changing the Beneficiary

1. Changing beneficiaries may result in significant tax consequences, please consult your tax advisor.
2. Please provide the most complete information possible for each beneficiary in the event of a claim, we will use information from this form to identify and contact your beneficiaries. State regulations may require benefits be paid to the state if a beneficiary cannot be located within a specified time.
3. We strongly discourage the naming of minor children as primary beneficiary because claim proceeds cannot be paid to minor children. A trust or guardianship must be established for a minor to receive the claim proceeds.
4. When naming a trust as primary beneficiary, pages of the trust that contain the following information should be provided to the company along with this form: the name of the trust, trustee, successor trustee, and the tax Identification number of the trust.
5. If there is more than one primary beneficiary or one contingent beneficiary name, additional pages may be Attached to this form. Please include all required information for each additional beneficiary.
6. Unless specified, if more than one beneficiary is named, we will assume that all beneficiaries are to share equally.
7. This change revokes all prior designations made and is subject to all terms and provisions of the contract.
8. This change must be received on a form satisfactory to the Company. The change will take effect on the date signed without prejudice to the Company of the Account of any payment made or any action taken or permitted by the company before recording such change.

1) Primary Beneficiary: The person named in this section that survives the Owner will receive the proceeds of this policy **(All fields below are required)**

Name

% Shares

Relationship to Owner

Mailing Address (Including apartment or box number)

Social Security or Taxpayer ID

City State Zip Code

Daytime Phone Number

2) Primary Beneficiary: The person named in this section that survives the Owner will receive the proceeds of this policy **(All fields below are required)**

Name

% Shares

Relationship to Owner

Mailing Address (Including apartment or box number)

Social Security or Taxpayer ID

City State Zip Code

Daytime Phone Number

1) Contingent Beneficiary: The person named in this section that survives the Owner will receive the proceeds of this policy **(All fields below are required)**

_____	_____	_____
Name	% Shares	Relationship to Owner
_____		_____
Mailing Address (Including apartment of box number)		Social Security or Taxpayer ID
_____	_____	_____
City	State Zip Code	Daytime Phone Number

2) Contingent Beneficiary: The person named in this section that survives the Owner will receive the proceeds of this policy **(All fields below are required)**

_____	_____	_____
Name	% Shares	Relationship to Owner
_____		_____
Mailing Address (Including apartment of box number)		Social Security or Taxpayer ID
_____	_____	_____
City	State Zip Code	Daytime Phone Number

Community Property

1. If the policy was issued in a Community Property State (AZ, CA, ID, LA, NM, TX, WA, WI), the owner's spouse must sign this form.
2. If you do not provide us with your spouses signature, please make a notation of your current marital status.
3. In case of divorce, in order to ensure that spousal interest in Community Property has been protected, a copy of the relevant parts of the divorce decree, is required (i.e. front page, signature page and any page referencing this annuity contract). If there is no mention of this annuity contract in the divorce decree, the former spouse must sign this form.

Owner Acknowledgment

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that Atlantic Coast Life has not given any tax or legal advice to me, and that all decision regarding the elections made on this form are my own.

UNDER PENALTY AND PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACKUP WITHHOLDING.

I HAVE READ, UNDERSTAND AND AGREE TO BE LEGALLY BOUND BY THE TERMS OF THIS FORM.

_____	_____	_____
Signature of Owner (if Joint, both must sign)	Owner's SSN or Taxpayer ID	Date
_____	_____	_____
Signature of Joint Owner (if applicable)	Owner's SSN or Taxpayer ID	Date
_____		_____
Signature of Owner's Spouse (If Community Property)		Date