



Bankers Life Insurance Company
 11101 Roosevelt Blvd N, Ste. 301, St. Petersburg, FL 33716
 P.O. Box 42020, St. Petersburg, FL 33742
 Phone (800) 839-2731 Fax (800) 946-3306

ANNUITY CHANGE REQUEST FORM

POLICY INFORMATION

Annuitant Name (First Middle Last)	Social Security Number	Policy Number
Owner Name (First Middle Last)	Social Security Number	Phone Number

ADDRESS CHANGE Owner Annuitant

Previous Address:	Old Phone Number
Street _____ City _____ State _____ Zip _____	
New Address:	New Phone Number
Street _____ City _____ State _____ Zip _____	

NAME CHANGE

Owner Annuitant Other _____

Previous Name (First Middle Last)	New Name (First Middle Last)
-----------------------------------	------------------------------

Reason:
 Court Order* Marriage* Divorce* Other _____
 * Please send a copy of legal documents

OWNERSHIP CHANGE

_____ agree(s) to unconditionally and irrevocably release all rights and privileges of ownership associated with this contract, and directs the Company to transfer these rights and privileges to _____

Current Owner Name(s) _____ New Owner Name (s) _____

New Owner Social Security Number Relationship to Annuitant Birth Date Phone Number

New Owner Address _____

If there is a Trust involved, Trust paperwork MUST be submitted.

Ownership change has important legal and tax implications. Please read your policy and check with your legal tax advisors before completing this form. The new owner's beneficiary designation should be completed on the second page.

ANNUITANT CHANGE

Current Annuitant Name	New Annuitant Name		
_____	_____		
New Annuitant Social Security Number	Relationship to Owner	Birth Date	Phone Number
_____	_____	_____	_____

New Annuitant Address _____

The new Annuitant's beneficiary designation should be completed on the second page.

BANK CHANGE

AUTHORIZATION FOR DIRECT DEPOSIT – REQUIRED

Routing Number: _____ Account Type (check one) Checking Savings

Account Number: _____

ATTACH A VOIDED CHECK

PRIMARY BENEFICIARY (IES): If more than one primary beneficiary, please specify what percentage of the benefits each beneficiary should receive (must total 100%)

_____ My Spouse: 100%		Spouse's Name:		
Spouse's Address:		Spouse's Phone#	Spouse's Date of Birth / /	Last 4 of Spouses SS# _____

_____ **Owner/Co-Owner 100%**

If you did not select on of the above options, please list your primary beneficiary(ies) below:

_____ %	Name:		Address:		
Relationship:	Per Stirpes ___ Yes ___ No	Date of Birth: / /	Phone #:	Last 4 of SS#: _____	
_____ %	Name:		Address:		
Relationship:	Per Stirpes ___ Yes ___ No	Date of Birth: / /	Phone #:	Last 4 of SS#: _____	

CONTINGENT BENEFICIARY (IES): If more than one contingent beneficiary, please specify what percentage of the benefits each beneficiary should receive (must total 100%)

_____ %	Name:		Address:		
Relationship:	Per Stirpes ___ Yes ___ No	Date of Birth: / /	Phone #:	Last 4 of SS#: _____	
_____ %	Name:		Address:		
Relationship:	Per Stirpes ___ Yes ___ No	Date of Birth: / /	Phone #:	Last 4 of SS#: _____	
_____ %	Name:		Address:		
Relationship:	Per Stirpes ___ Yes ___ No	Date of Birth: / /	Phone #:	Last 4 of SS#: _____	

AUTHORIZATION AND ACCEPTANCE

Please refer to your contract for the specific terms and conditions of the changes requested on this form. No person, firm, or corporation other than the undersigned has any interest in this policy. There are no insolvency or bankruptcy proceedings that have been instituted or are pending against the undersigned. **To the best of my knowledge, I certify that the above information is correct.**

Annuity Owner Signature	Date	New Annuity Owner Signature	Date
Joint Annuity Owner Signature	Date	Joint New Annuity Owner Signature	Date
Parent/Legal Guardian (if Annuity owner is a minor)	Date	New Annuitant's Signature	Date