



Bankers Life Insurance Company  
 2327 Englert Dr.  
 Durham NC 27713  
 Phone: 1.800.839.2731 Fax: 1.727.399.6965

## 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

<b>Previous Address:</b>	Old Phone Number
Street _____ City _____ State _____ Zip _____	
<b>New Address:</b>	New Phone Number
Street _____ City _____ State _____ Zip _____	

### NAME CHANGE

Owner       Annuitant       Other \_\_\_\_\_

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

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

_____ <b>My Spouse: 100%</b>		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

d.b.a Western Bankers Life Insurance Company in Texas  
BLIC ACR 01/19

NOTE: The following are Community Property States and require a spouse's signature to process your chosen service request: AZ, CA, ID, LA, NV, NM, TX, WA, WI