

CHANGE OF BENEFICIARY



This form is to be complete and in good order including signatures of you the Owner and, when applicable, the Joint Owner (applicable only to non-qualified contracts), plus all required documentation as determined by Clear Spring Life and Annuity Company. The designation becomes effective upon our receipt and acknowledgement.

I authorize the Beneficiary designation for contract number _____, owned by _____ to be:

BENEFICIARY INFORMATION:

If more than one primary Beneficiary is alive upon the death of the Owner (or Annuitant as applicable) any death benefit will be allocated in equal shares among the primary beneficiaries unless otherwise requested. If no primary Beneficiary is alive upon the death, any death benefit will be payable to any surviving Contingent beneficiaries. If no Contingent beneficiaries are living upon death, the death benefit will be paid to the estate of the deceased. If there are more than two (2) beneficiaries, please attach a second page.

PRIMARY BENEFICIARY: Total benefit for all Primary Beneficiaries must equal 100%. If a trust is the beneficiary, please provide the Trustee's name and contact information.

- 1) _____
 - 2) _____
- | Name | Relationship | Date of Birth | Percentage |
|------|--------------|---------------|------------|
|------|--------------|---------------|------------|

CONTINGENT/SECONDARY BENEFICIARY: (if Primary Beneficiary pre-deceases contract owner/annuitant)

- 1) _____
 - 2) _____
- | Name | Relationship | Date of Birth | Percentage |
|------|--------------|---------------|------------|
|------|--------------|---------------|------------|

The following statement is required by the IRS:

Under penalty of perjury, I certify that the number shown on this form is my correct Social Security Number and I am not subject to backup withholding. I certify that I am not under guardianship, nor have I made any assignment, pledge, or executed any document affecting ownership or right to any monies due or to become due under this contract, and further that no proceedings in bankruptcy are pending to which I am a party.

Contract Number: _____ **Contract Owner:** _____



Release of Interest: Required if owner lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, and WI).

I, _____, spouse/former spouse of the above-mentioned owner, release all rights, title, and interest which I may have in this policy now or in the future, by virtue of the Community Property Laws of the State of _____.

Signature of Spouse/Former Spouse

Date

This form dated at _____ on the _____ day of _____, 20____.
City/State

Signature of Owner (if Joint – both must sign)

Owner's Social Security Number or
Taxpayer ID Number

(_____)_____
Owner's Telephone Number

Signature of Joint Owner(s)

Joint Owner's Social Security Number or
Taxpayer ID Number

(_____)_____
Joint Owner's Telephone Number

Signature of Witness*

(_____)_____
Telephone Number of Witness

Owner's E-mail Address (if available)

***All forms require a witness signature of an adult that is not the spouse, beneficiary, owner, or newly named owner of the policy.**