GUGGENHEIM LIFE AND ANNUITY COMPANY 401 PENNSYLVANIA PARKWAY, SUITE 300 INDIANAPOLIS, INDIANA 46280 GUGGENHEIMLIFE.COM

CHANGE OF BENEFICIARY

I authorize the Beneficiary decountries	•		mber				,
(Please print and com	nplete ALL inform	nation	requeste	d – If not	applica	able indicate	NA.)
PRIMARY BENEFICIARY: 1)							
2)							
3) Name	Relationship	Address	3			Social Security Nu Taxpayer ID Numl	
CONTINGENT/SECONDARY owner/annuitant)		•					contract
2)							
·							
3) Name	Relationship	Address	5			Social Security Nu Taxpayer ID Numl	
on account of any payment such change. If a trust is be Successor Trustee, and the T The following statement is recon this form is my correct Socthat I am not under guardians affecting ownership or right to proceedings in bankruptcy are	eing named the became ax Identification Notes are left as Identification Notes I man any monies due of the Identification any monies due of the Identification and Id	eneficia lumbe Under er and de ang or to b	ary, please r of the Tru penalty of I I am not s y assignme ecome due	e include ust. f perjury, subject to ent, pledo	I certify backupge, or ex	that the numb withholding.	er shown I certify ocument
This form dated at			OI	n the	_ day of	f	20
City/State							
Signature of Owner(s) (if Joint – both mu	ost sign) Owner's S Taxpayer I		curity Number er	or	Owner's To	_) elephone Number	
Signature of Witness*	Telephone	Number	r of Witness		Owner's E	-mail Address (if av	railable)
*Owner's signature must be witnessed by After we have recorded the ch your policy.					vill be se	ent to you to be	e kept with
	For Home O	ffice U	se Only				
Recorded By:				_ Date:			