



Annuity Request for Change of Beneficiary

Please forward completed form to: PO Box 703 | Elba AL 36323
 Email: annuity@nsgcorp.com | Fax: 1-800-693-7507

OWNER INFORMATION (Please print all information)			
Contract Number(s):			
Full Name:		SSN:	DOB:
Phone Number:	Mailing Address:		
City:	State:	Zip:	New Address: <input type="checkbox"/> Yes <input type="checkbox"/> No

JOINT OWNER INFORMATION (if applicable)			
Full Name:		SSN:	DOB:
Phone Number:	Mailing Address:		
City:	State:	Zip:	New Address: <input type="checkbox"/> Yes <input type="checkbox"/> No

ANNUITANT INFORMATION (Please print all information)			
Full Name:		SSN:	DOB:
Phone Number:	Mailing Address:		
City:	State:	Zip:	New Address: <input type="checkbox"/> Yes <input type="checkbox"/> No

BENEFICIARY INFORMATION *(The following designations revoke all previous designations)*

For Contracts with Joint Owners: Joint Owners, if applicable, shall be each other's primary Beneficiary unless otherwise specified. Joint Annuitants, if any, shall be each other's primary Beneficiary, unless otherwise specified. Any other Beneficiary designation will be treated as a contingent Beneficiary.

Check here if the surviving Joint Owner should NOT be the default primary beneficiary and instead should be the primary beneficiary(s) listed below.

Equal Shares (Optional): Use the following checkboxes to designate equal shares among named Primary and/or Contingent Beneficiaries.

Equal shares for Primary Beneficiaries: Check here for equal shares totaling 100% for all Primary Beneficiaries. If this box is checked, DO NOT enter a percentage for each Primary Beneficiary listed.

Equal shares for Contingent Beneficiaries: Check here for equal shares totaling 100% for all Contingent Beneficiaries. If this box is checked, DO NOT enter a percentage for each Contingent Beneficiary listed.

Please review before proceeding:

- Please provide the requested information for all beneficiaries in the following section. Missing information can lead to delays in the processing of your request
- If a beneficiary is a minor, additional information may be requested at the time the claim is submitted. Selecting a custodian for each minor under the Uniform Transfers or the Uniform Gifts to Minors Acts (UTMA or UGMA) may help speed up the payment process. To name a Custodian under UTMA/UGMA for a minor beneficiary, please complete the entity line of the beneficiary designation as shown below *(all other information within the beneficiary designation section will need to be completed with just the minor's information)*:
 - (Name of Custodian) as Custodian for (Name of Minor) Under the State of (State where minor resides) UGMA/UTMA
- Certain transfers made upon the death of an individual are subject to Generation Skipping Transfer Tax. National Security may be required under federal law to withhold *(or deduct)* a portion of the death benefit payable and remit such to the IRS. You should consult your tax advisor regarding your personal situation.
- Percentages for all like beneficiary share classes must total 100% (i.e., percentages for Primary Beneficiaries must total 100% and percentages for Contingent Beneficiaries must total 100%).
- Per Stirpes means that proceeds will be distributed to a beneficiary's legal heirs in the event that the beneficiary is not living at the time at which the death claim becomes payable.

Annuity Request For Change Of Beneficiary (Cont'd)

BENEFICIARY 1 (Please print all information)			
<input type="checkbox"/> Check here if the following designation is Per Stirpes (<i>this option may be selected for Primary and/or Contingent Beneficiaries</i>)			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Portion of Benefit: _____%		Relationship to Owner:	
Full Name:		SSN:	DOB:
Entity Name (<i>if applicable</i>)			
Phone Number:		Mailing Address:	
City:	State:	Zip:	New Address: <input type="checkbox"/> Yes <input type="checkbox"/> No

BENEFICIARY 2 (Please print all information)			
<input type="checkbox"/> Check here if the following designation is Per Stirpes (<i>this option may be selected for Primary and/or Contingent Beneficiaries</i>)			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Portion of Benefit: _____%		Relationship to Owner:	
Full Name:		SSN:	DOB:
Entity Name (<i>if applicable</i>)			
Phone Number:		Mailing Address:	
City:	State:	Zip:	New Address: <input type="checkbox"/> Yes <input type="checkbox"/> No

BENEFICIARY 3 (Please print all information)			
<input type="checkbox"/> Check here if the following designation is Per Stirpes (<i>this option may be selected for Primary and/or Contingent Beneficiaries</i>)			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Portion of Benefit: _____%		Relationship to Owner:	
Full Name:		SSN:	DOB:
Entity Name (<i>if applicable</i>)			
Phone Number:		Mailing Address:	
City:	State:	Zip:	New Address: <input type="checkbox"/> Yes <input type="checkbox"/> No

BENEFICIARY 4 (Please print all information)			
<input type="checkbox"/> Check here if the following designation is Per Stirpes (<i>this option may be selected for Primary and/or Contingent Beneficiaries</i>)			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent Portion of Benefit: _____%		Relationship to Owner:	
Full Name:		SSN:	DOB:
Entity Name (<i>if applicable</i>)			
Phone Number:		Mailing Address:	
City:	State:	Zip:	New Address: <input type="checkbox"/> Yes <input type="checkbox"/> No

A change in Beneficiary will take effect on the date the notice of change is signed by the Owner, unless otherwise specified by the Owner, subject to any payments made or actions taken by Us prior to receipt of the notice. If two (2) or more persons are named as Beneficiaries under the Contract, those surviving the Owner will share equally unless otherwise specified by the Owner and each must elect to receive such person's respective portion of the Death Benefit according to the options listed under Death of Owner Before the Annuity Payment is Made provision. By this election, I hereby revoke all other and former designations made by me.

Signed at _____ on ____/____/____
(City, State) Date

Owner Signature

Joint Owner Signature (if applicable)