

**MANHATTAN LIFE INSURANCE COMPANY
WESTERN UNITED LIFE ASSURANCE COMPANY**

Annuity Operations Office

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**CONTRACT
CHANGE
REQUEST**

REQUIRED FIELDS MUST BE COMPLETED, OR THIS FORM WILL BE RETURNED UNRECORDED.

1. ANNUITY CONTRACT INFORMATION

Annuitant's Name	Annuity Number(s)
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2. PRIMARY BENEFICIARY CHANGE *If a trust, the date of the trust is required (Do not name Trustees)*

Name	Address	Relationship	Birth/Trust Date	SSN/TIN
1.				
2.				
3.				
4.				
5.				

3. CONTINGENT BENEFICIARY CHANGE *(If a trust, the date of the trust is required) (Do not name Trustees)*

Name	Address	Relationship	Birth/Trust Date	SSN/TIN
1.				
2.				
3.				
4.				
5.				

4. TESTAMENTARY TRUST DESIGNATION

The Primary or Contingent Beneficiary of this contract shall be the testamentary trust established in the will of _____ dated _____, provided it's not been superseded and was entered for probate within 90 days of the death of the Annuitant; otherwise, proceeds are payable to the estate of the Annuitant.

5. OWNERSHIP CHANGE *(May be a taxable event) (If a trust, the date of, and a copy of the trust are required)*

Current Owner		New Owner	
Name		Name	
Address		Address	
City, State, Zip Code	Area Code Phone Number	City, State, Zip Code	Area Code Phone Number
Relationship	Birth/Trust Date	Relationship	Birth/Trust Date
SSN/Tax ID	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN/Tax ID	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

6. NAME CHANGE *(REQUIRES DOCUMENTATION)*

New Name	<input type="checkbox"/> Annuitant <input type="checkbox"/> Owner
Reason for Change: <input type="checkbox"/> Divorce <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Court Order <input type="checkbox"/> Re-Marriage	
<input type="checkbox"/> Name formerly given was incorrect <input type="checkbox"/> Assumption of a new name	

7. REQUIRED SIGNATURES

Note: These changes may cause a taxable event and/or limit Beneficiary options upon death. Please contact your representative, a tax advisor, or our office if you have questions.

Owner's Signature	Date	Joint Owner's Signature (if applicable)	Date
Signature of Spouse (if applicable)			Date
Signature of Prior Owner (if ownership changed)		Signature of New Owner (if ownership changed)	

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