

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

Annuity Operations Office

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**ANNUITY 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)

a. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City, State, Zip Code			Percent* %
b. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City, State, Zip Code			Percent* %
c. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City, State, Zip Code			Percent* %
d. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City, State, Zip Code			Percent* %

***Percent will be set up as equal unless otherwise indicated.**

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

a. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City, State, Zip Code			Percent* %
b. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City, State, Zip Code			Percent* %
c. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City, State, Zip Code			Percent* %
d. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City, State, Zip Code			Percent* %

***Percent will be set up as equal unless otherwise indicated.**

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4. TESTAMENTARY TRUST DESIGNATION

(Please contact our office before completing this section)

The Primary or Contingent Beneficiary of this contract shall be the testamentary trust established in the will of _____ dated _____, provided it has 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

(Requires a W-9; May be a taxable event)

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

****If new Owner is a trust we also require: Date of Trust, Copy of Trust, and Trust Indemnification.**

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

(All applicable signatures required)

By signing below, I understand that these changes may cause a taxable event and/or limit Beneficiary options upon death. I have discussed these changes with my representative, a tax advisor, or will call your office if I have questions.



Owner Signature	Owner Printed Name	Date
Joint Owner Signature <i>(if applicable)</i>	Joint Owner Printed Name	Date
Owner's Spouse Signature	Owner's Spouse Printed Name	Date
Signature of Prior Owner <i>(if ownership changed)</i>	Prior Owner Printed Name	Date

Neither Western United Life Assurance Company, Manhattan Life Insurance Company, nor any of their insurance producers, provide legal or tax advice.

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