



Bankers Life Insurance Company
11101 Roosevelt Blvd., St. Petersburg, FL 33716
P. O. Box 33001 St. Petersburg, FL 33733
(800) 839-2731 Fax (800) 946-3306

ANNUITY CHANGE REQUEST FORM

POLICY INFORMATION			
Annuitant Name (First Middle Last)	Social Security Number	Policy Number	
Owner Name (First Middle Last)	Social Security Number	Date	
ADDRESS CHANGE			
Previous Address			Old Phone Number
Street	City	State	Zip
New Address:			New Phone Number
Street	City	State	Zip
NAME CHANGE			
<input type="checkbox"/> Annuitant <input type="checkbox"/> Owner <input type="checkbox"/> Other _____			
Previous Name (First Middle Last)		New Name (First Middle Last)	
Reason: <input type="checkbox"/> Court Order* <input type="checkbox"/> Marriage* <input type="checkbox"/> Divorce* <input type="checkbox"/> Other _____			
* Please send a copy of legal documents			
OWNERSHIP CHANGE			
<div style="text-align: center; margin-bottom: 10px;"> _____ Current Owner Name(s) </div> Agree(s) to unconditionally and irrevocably release all rights and privileges of ownership associated with this contract, and directs the Company to transfer these rights and privileges to _____ <div style="text-align: right; margin-right: 100px;">New Owner Name (s)</div>			
New Owner Social Security Number	Relationship to Annuitant	Birth date	
Ownership change has important legal and tax implications. Please read your policy and check with your legal tax advisors before completing this form. The new owner's beneficiary designation should be completed on the second page			

CHANGE of BENEFICIARY of ANNUITANT

Bankers Life Insurance Company is hereby requested to revoke all prior beneficiaries and optional modes of settlement (if any) and change the beneficiaries of this contract to the following:

First Name Middle Name Last Name Relationship Birth date

Primary Beneficiary

Contingent Beneficiary

Note: Do not designate any dollar amounts on this form. The annuity contract contains the specific terms and conditions regarding beneficiary provisions.

CHANGE of BENEFICIARY of OWNER

Bankers Life Insurance Company is hereby requested to revoke all prior beneficiaries and optional modes of settlement (if any) and change the beneficiaries of this contract to the following:

First Name Middle Name Last Name Relationship Birth date

Primary Beneficiary

Contingent Beneficiary

Note: Do not designate any dollar amounts on this form. The annuity contract contains the specific terms and conditions regarding beneficiary provisions.

BANK CHANGE

(Attach a Voided Check)

DEPOSITER INFORMATION:

Depositor Name: _____ **Social Security Number:** _____

Account Number: _____ **Account Type (check one)** **Checking** **Savings**

FINANCIAL INSTITUTION INFORMATION:

Name: _____ **Branch:** _____

Address: _____ **Telephone:** _____

City, State, Zip: _____ **ABA/Transit Routing Number:** /_/_/_/_/_/_/_/_/_/_

AUTHORIZATION AND ACCEPTANCE

Please refer to your contract for the specific terms and conditions of the changes requested on this form. No person, firm, or corporation other than the undersigned has any interest in this policy. There are no insolvency or bankruptcy proceedings that have been instituted or are pending against the undersigned.

To the best of my knowledge, I certify that the above information is correct.

Annuity Owner Signature Date New Annuity Owner Signature Date

Joint Annuity Owner Signature Date New Joint Annuity Owner Signature Date

Parent/Legal Guardian (if Annuity owner is a minor) Date

NOTE: The following are Community Property States and require a spouse's signature to process your chosen service request: AK, AZ, CA, ID, LA, NV, NM, TX, WA, WI