WESTERN UNITED LIFE ASSURANCE COMPANY MANHATTAN LIFE INSURANCE COMPANY **Annuity Operations Office**

PO Box 2290 Spokane WA 99210-2217 • 929 W Sprague Ave Spokane WA 99201 Tel 800.247.2045 • Fax 509.835.3190 • AnnuityServices@wula.com • ManhattanLife.com **ANNUITY CONTRACT CHANGE REQUEST**

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

NNUITY CONTRACT INFORMATION						
tant's Name	Annuity Number	Annuity Number(s)				
RIMARY BENEFICIARY CHANGE	(If a trust, the dat	e of the trust is re	eauired: Do No	t name Trustees		
Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Per Stirpes		
,			·	Yes No		
Address	City, State, Zip C	City, State, Zip Code				
	20117	D. J. J. T D		%		
b. Full Name (include little if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Per Stirpes		
Address	City Chata Zin C	\		Percent*		
Address	City, State, Zip C	Oity, State, Zip Code				
Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	% Per Stirpes		
o. Tunitumo (moiado rido il applicasio)				Yes No		
Address	City, State, Zip C	City, State, Zip Code				
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Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Per Stirpes		
				☐ Yes ☐ No		
Address	City, State, Zip C	ode		Percent*		
				%		
	*Percent will be s	set up as equal	unless otherv	wise indicated.		
ONTINGENT PENECICIARY CHANGE	(If a trust the dat	o of the trust is re	auirad: Da Na	t nama Trustaas		
		1		Per Stirpes		
Tail Halle (morade Hale in applicable)	CONTAXID	Birary Fract Bato	rtolationomp	Yes No		
Address	City State 7in C	City State Zin Code		Percent*		
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Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	% Per Stirpes		
				☐ Yes ☐ No		
Address	City, State, Zip C	City, State, Zip Code				
				%		
Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship	Per Stirpes		
				☐ Yes ☐ No		
Address	City, State, Zip C	Percent*				
Full Name (include Title if applicable)	SCM/Tax ID	Pirth/Trust Data	Polationship	% Per Stirpes		
i un manie (include title il applicable)	SSIN/Tax ID	Diffill Hust Date	Νειαιιυποπιρ	1 <u> </u>		
Address	City State 7in Code			Percent*		
Municos	Oity, State, ZIP C	City, State, Zip Gode				
				%		
	RIMARY BENEFICIARY CHANGE Full Name (include Title if applicable) Address ONTINGENT BENEFICIARY CHANGE Full Name (include Title if applicable) Address Full Name (include Title if applicable)	RIMARY BENEFICIARY CHANGE Full Name (include Title if applicable) Address City, State, Zip C SSN/Tax ID Address City, State, Zip C Address City, State, Zip C SSN/Tax ID Address City, State, Zip C Full Name (include Title if applicable) SSN/Tax ID Address City, State, Zip C **Percent will be s ONTINGENT BENEFICIARY CHANGE Full Name (include Title if applicable) Address City, State, Zip C SSN/Tax ID SSN/Tax ID SSN/Tax ID Address City, State, Zip C SSN/Tax ID SSN/Tax ID SSN/Tax ID	RIMARY BENEFICIARY CHANGE (If a trust, the date of the trust is result in the second of the trust Date in the second of the trust Date in the second of the t	RIMARY BENEFICIARY CHANGE (If a trust, the date of the trust is required; Do No Full Name (include Title if applicable) Address City, State, Zip Code Full Name (include Title if applicable) Address City, State, Zip Code Full Name (include Title if applicable) Address City, State, Zip Code Full Name (include Title if applicable) Address City, State, Zip Code Full Name (include Title if applicable) Address City, State, Zip Code Full Name (include Title if applicable) Address City, State, Zip Code Full Name (include Title if applicable) Address City, State, Zip Code Percent will be set up as equal unless other ONTINGENT BENEFICIARY CHANGE (If a trust, the date of the trust is required; Do No SSN/Tax ID Birth/Trust Date Relationship Address City, State, Zip Code SSN/Tax ID Birth/Trust Date Relationship Address City, State, Zip Code Full Name (include Title if applicable) SSN/Tax ID Birth/Trust Date Relationship Address City, State, Zip Code SSN/Tax ID Birth/Trust Date Relationship Relationship Address City, State, Zip Code Full Name (include Title if applicable) SSN/Tax ID Birth/Trust Date Relationship Relationship Relationship Address City, State, Zip Code Full Name (include Title if applicable) SSN/Tax ID Birth/Trust Date Relationship Relationship		



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4. TESTAMENTARY TRUST DESIGNATION			(Please contact our office before completing this section)				
The Primary or	Contingent Beneficiar	y of this	contract shall be the to	estament	tary trust established in the		
will of			dated		, provided it has not		
been superseded an	d was entered for prob	ate within	90 days of the death	of the A	nnuitant; otherwise,		
proceeds are payable	e to the estate of the A	nnuitant.					
5. OWNERSHIP CH	ANGE			(Requires	s 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 N	Number	Birth/Trust Date		Area Code Phone Number		
SSN/Tax ID	Relationship		SSN/Tax ID		Relationship		
Gender Male Female			Gend	der 🔲 Ma	lale 🖵 Female		
	**If new Owner is a tru	ıst we also	require: Date of Trust, (Copy of Tr	ust, and Trust Indemnification.		
6. NAME CHANGE					(Requires Documentation)		
New Name					☐ Annuitant ☐ Owner		
Reason for Change:	Divorce	ge [☐ Death ☐ Cou	ırt Order	☐ Re-Marriage		
	Name formerly given v	vas incori	rect	sumption	of a new name		
7. REQUIRED SIGN	IATURES			(AII	applicable signatures required)		
By signing below, I u	nderstand that these cl			vent and	or will call your office if I		
Owner Signature		Owner	Owner Printed Name		Date		
Joint Owner Signature (if applicable)		Joint 0	Joint Owner Printed Name		Date		
Owner's Spouse Signature		Owner	Owner's Spouse Printed Name		Date		
Signature of Prior Owner (if ownership changed)		Prior C	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.

