



Transamerica Life Insurance Company  
 Home Office: 4333 Edgewood Road NE  
 Cedar Rapids, IA 52499  
 (the "Company")

# Beneficiary Designation Form

**Policy Number:** \_\_\_\_\_ **Insured's Name:** \_\_\_\_\_

|              |       |     |
|--------------|-------|-----|
| Owner's Name |       |     |
| Address      |       |     |
| City         | State | Zip |

Written confirmation of this change, if recorded by the Company, will be mailed to the owner's address unless otherwise indicated below and initialed by the owner.

*Return confirmation to:* \_\_\_\_\_ Owner's Initial

General Agency/GA Code \_\_\_\_\_

Fax to: (        ) \_\_\_\_\_

**Check if new address update is needed.**

This Beneficiary Designation cancels all prior Beneficiary Designations and settlement agreements for the Policy identified by the number above. Please see instructions, signature requirements, special provisions, and sample Beneficiary Designations before completing the form. If this form is recorded by the Company, such recording does not mean that the Company has passed on the legal adequacy or validity of the transaction requested.

**Print the beneficiary's full name, address and relationship to the Insured. The Policy's death benefit will be paid to multiple beneficiaries in equal shares unless otherwise indicated. For multiple beneficiaries of unequal shares, indicate each beneficiary's share in percentage of the Policy's Death Benefit next to their names. (See next page for additional instructions.)**

**Primary Beneficiary(ies):** If more than one beneficiary is named, and any beneficiary(ies) predecease the Insured, payment of the share(s) that would have been payable to the deceased beneficiary(ies) will be made in equal shares to the surviving beneficiary(ies) unless otherwise indicated. Percentage for both the primary and contingent beneficiary, if applicable, must separately equal 100%.

| Name (list below) | Address (list below) | City, State, Zip | Relationship | Percentage |
|-------------------|----------------------|------------------|--------------|------------|
|-------------------|----------------------|------------------|--------------|------------|

**Contingent Beneficiary(ies):** Receives proceeds at the death of the Insured only if **all** of the Primary Beneficiaries predecease the Insured.

| Name (list below) | Address (list below) | City, State, Zip | Relationship | Percentage |
|-------------------|----------------------|------------------|--------------|------------|
|-------------------|----------------------|------------------|--------------|------------|

\_\_\_\_\_  
 Owner's Daytime Telephone Number

\_\_\_\_\_  
 Irrevocable Beneficiary Signature (if applicable)

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Address of Witness

\_\_\_\_\_  
 Print Owner's Complete Name

\_\_\_\_\_  
 Owner's Social Security Number/Tax ID Number

\_\_\_\_\_  
 Owner's Signature (include Title, if Business or Trust)

\_\_\_\_\_  
 Owner's Signature (include Title, if Business or Trust)

Date Signed: \_\_\_\_\_



**INSTRUCTIONS:**

Be sure to show the Policy Number and Insured's Name at the top of this form. Use a separate form for each Policy. Restate the entire designation, even if only changing a part of the designation. If additional space is required, please attach a separate page (including Policy Number, Date Signed, and Owner's Signature.)

**INDIVIDUAL(S)** - The current Owner(s) must sign on the line provided for "Owner's Signature."

**BUSINESS ENTITY**- One officer other than the Insured must sign below the name of the company. The officer's title (President, General Manager, Vice President, Secretary, etc.) must follow the signature. A corporate resolution or other supporting documentation is required to support each officer's signature. If the insured is the **sole officer** of the company, we will require a statement on company letterhead signed and dated by that officer and witnessed by a least one other person, that the insured is the sole officer and that he/she is authorized to act on behalf of the company. If a **partnership** is the owner, at least two authorized partners must sign below the name of the partnership and the title "Partner" must follow each signature.

**TRUST** - The complete name and date of the trust should be listed. **Individual trustees** must sign and add wording similar to the following: "John Doe, trustee under XYZ Trust dated June 1, 1984." **Corporate Trustees** must sign and add wording such as "ABC Bank, trustee under XYZ Trust dated June 1, 1984; John Doe, Trust Officer", and a corporate resolution or other supporting documentation is required to support each corporate trustee officer's signature. For changes to trust owned policies, a completed Verification of Trust Agreement for Life Insurance Policies (dated within the previous twelve (12) months) must be submitted with the applicable change form.

**IRREVOCABLE BENEFICIARIES** - Any irrevocable beneficiary must sign subsequent beneficiary designation changes and may be required to sign other requests for changes to or disbursements from the Policy.

**GUARDIAN OR CONSERVATOR** - A court-appointed guardian of the estate or conservator may sign on behalf of the Owner. Certified copies of the letters of guardianship/conservatorship and/or the court order that authorizes the change must also be submitted.

**AGENT ACTING UNDER A POWER OF ATTORNEY** - An agent acting under a power of attorney may sign on behalf of the Owner. A complete copy of the Power of Attorney document, the Questionnaire to Accompany Power of Attorney, and the Affidavit of Agent for Power of Attorney must be submitted by the agent. If a complete copy of the Power of Attorney documentation has been submitted to us within the previous twelve months, an additional copy may not be required.

**COMMUNITY PROPERTY STATES** - Unless we have been notified of a community or marital property interest in this Policy, we will assume that no such interest exists and will assume no responsibility for inquiring whether such interest exists. By signing this form, the Policy owner agrees to indemnify and hold us harmless from the consequences of making the changes requested in this document.

**COLLATERAL ASSIGNMENTS** - If the Policy has been assigned, a representative of the collateral assignee must also sign the form. A corporate resolution should be provided if the assignee is a business entity, subject to the Business Entity signature requirements stated above. Payment of proceeds to any beneficiary is subject to the interest of any assignee on the Policy.

**IF A BENEFICIARY DIES** - The interest of any beneficiary who dies before the Insured will terminate at his/her death. The interest of any beneficiary, who dies at the time of, or under certain policies within 30 days after, the Insured's death, will also terminate if no proceeds have been paid to the beneficiary. If the interest of all named beneficiaries has terminated (including contingent beneficiaries, if named), any proceeds payable will be paid to the Owner of the Policy. If the Owner is not living at that time, any proceeds payable will be paid to the executor or administrator of the Owner's estate.

**TRUST/MINOR BENEFICIARIES** - If a trust is named beneficiary, the Company shall not be responsible for the disposition by the trustee of any proceeds paid to the trustee. Any payment to a minor beneficiary shall be made to the legally appointed guardian of the estate or conservator of the minor, unless otherwise permitted by law.

Requests for special settlement arrangements, other than those specified in the Policy, may be sent to the Company for review and assistance with preparation of the proper beneficiary designations.

**SAMPLE BENEFICIARY DESIGNATIONS:**

**PERCENTAGES:** Do not specify dollar amounts. Please use percentages totaling 100% for primary and contingent designations. Primary beneficiaries should total 100% and contingent beneficiaries should independently total 100%.

**ONE PRIMARY AND ONE CONTIGENT:**

Primary: Jane Doe, Spouse  
Contingent: John Doe, Jr., Son

**INSURED'S ESTATE:**

Estate of Insured

**TRUST:**

XYZ Trust, dated \_\_\_\_\_; ABC Bank, Anytown, CA 12345, Trustee

**SPOUSE OF INSURED, OTHERWISE CHILDREN:**

Primary: Jane Doe, Spouse  
Contingent: John Doe, Jr., Son, and any other children born to or adopted by the Insured (currently living children must be named)

**IRREVOCABLE BENEFICIARY:**

Primary: Jane Doe, Spouse, irrevocably designated

**TWO BENEFICIARIES IN UNEQUAL AMOUNTS:**

Primary: Jane Doe, Mother 75%; John Doe, Brother, 25%

**PER STIRPES DESIGNATIONS:**

Primary: Jane Doe, Spouse  
Contingent: Equal shares to John Doe, Jr., Son and Mary Doe, Daughter, per stirpes.

**CORPORATE CREDITOR:**

Primary: ABC Co., Inc., Creditor, a California Corporation, its successors and assigns, as its interest may appear; remainder, if any, to Jane Doe, Spouse.

**INDIVIDUAL CREDITOR:**

John Doe, Creditor, his successors and assigns, otherwise to the Executor or Administrator of his Estate, all as their interest may appear; remainder, if any, to Jane Doe, spouse.

**TRUSTEE UNDER LAST WILL AND TESTAMENT:**

Primary: The trustee or successor trustee, under the Last Will and Testament of the Insured. If the Insured should die intestate or if no trust is created by the Insured's Last Will and Testament, then to the Executor or Administrator of the Insured's Estate.