

CHANGE OF BENEFICIARY REQUEST INSTRUCTION SHEET

The following information must be provided on the Beneficiary Change form

Before completing the Beneficiary Change form please read these important instructions carefully:

- **Original owner's signatures and date are required – *Faxes will be accepted***
- **A Primary beneficiary is **always required**. Primary or contingent must be clearly marked. One person cannot be both a primary and contingent beneficiary. All prior beneficiaries will be revoked if we receive complete information for each section. Example: If only the primary beneficiary designation section is complete, but the contingent beneficiary designation section is incomplete, we will only process the primary beneficiary designation section and reject the contingent beneficiary designation section. No change was done to the incomplete beneficiary designation section.**
- **The contingent beneficiary section is to be completed even if it is to only restate the current contingent beneficiaries on the policy. (Failure to do so will result in any current contingent beneficiaries being removed).**
- **Do not use decimals or fractions. **Enter whole percentages only.****
- **If designating more than one beneficiary, the percentages must total 100% for the primary and 100% for the contingent beneficiaries.**
- **If naming a trust as beneficiary please include the trust date and include the Trustee Certification form.**
- **All requests must be legible and in good order.**

The Company reserves the right to refuse to record any change requests not meeting the Company's requirements.

Example of Beneficiary Designations

ONE BENEFICIARY:

Primary: Jane Doe, Wife, 100%

Contingent: None

ONE PRIMARY AND ONE CONTINGENT:

Primary: Jane Doe, Wife, 100%

Contingent: John Doe, Jr., Son, 100%

INSURED'S ESTATE:

Primary: The Estate of the insured

TRUST:

Primary: Jane Doe Trust

Dated mm/dd/yyyy

The company shall not be responsible for the disposition by the trustee of any proceeds paid to the trust.

TRUST UNDER LAST WILL AND TESTAMENT:

(Should the Insured die intestate or if no trust is created, then reverts to the Insured's estate.)

Primary: The last will, last will and testament, testamentary trust, or trust created under the will.

SPOUSE OF INSURED OTHERWISE CHILDREN:

Primary: Jane Doe, Wife, 100%

Contingent: Any children born of the marriage of the Insured and said wife (living children must be named)

OR

Primary: Jane Doe, Wife

Contingent: John Doe, Jr., Son and any other children of the Insured (living children must be named)

TWO BENEFICIARIES IN UNEQUAL AMOUNTS:

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

PER STIRPES DESIGNATIONS:

Generally used to direct death benefit to lineal descendants (i.e. all children of Jane Doe and John Doe in equal shares, per stirpes).

WRL does not give legal advice. You may wish to seek legal counsel prior to making changes or using per stirpes designations.

INDIVIDUAL CREDITOR:

Primary: John Doe, Creditor, as his interest may appear, if living, otherwise to the creditor's estate as their interest may appear, remainder, if any, to Jane Doe, Wife.

CORPORATE CREDITOR:

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

IRREVOCABLE BENEFICIARY:

Primary: Jane Doe, Former Wife of the Insured, irrevocably designated.

Minor: Jane Doe Irrevocable

Guardian must sign in capacity and provide a copy of current document.

Please Note: Irrevocable Beneficiary's signature is required for any change or distribution. Please review the laws of your state

CHANGE OF BENEFICIARY REQUEST (Primary Beneficiary Changes)

Western Reserve Life Assurance Co. of Ohio
 4333 Edgewood Rd. NE, Cedar Rapids, IA 52499
 Phone Number (800) 851-9777 Fax Number: (727) 299-1620

Transamerica Life Insurance Company
 4333 Edgewood Rd. NE, Cedar Rapids, IA 52499
 Phone Number (800) 322-7164 Fax Number (727) 299-1620

POLICY NUMBER(S) _____ OWNER _____

INSURED _____ JOINT OWNER (IF ANY) _____

PLEASE NOTE:

If the primary beneficiary designation section is in good order, it will revoke previous primary beneficiary designations. Primary and Contingent beneficiary(ies) need to be restated even if they are not being changed.

Example: If you are changing only the primary beneficiary(ies), you must restate the contingent beneficiary(ies).

Faxes will be accepted

- Primary beneficiary(ies) will receive any proceeds payable at the insured's death.
- If no primary beneficiary(ies) survives the insured, the contingent beneficiary(ies) will receive any proceeds.
- If no beneficiary(ies) survive the insured, any proceeds will go to the owner's estate

PRIMARY BENEFICIARIES (REQUIRED) Section A	Date of Birth or Trust date	Percentage (for multiple beneficiaries)	Relationship to Insured
Name _____ Address _____ Social Security # _____	/ /	<input type="checkbox"/> share equally or _____ % whole number only, no decimals or fractions	
Name _____ Address _____ Social Security # _____	/ /	<input type="checkbox"/> share equally or _____ % whole number only, no decimals or fractions	
Name _____ Address _____ Social Security # _____	/ /	<input type="checkbox"/> share equally or _____ % whole number only, no decimals or fractions	
Name _____ Address _____ Social Security # _____	/ /	<input type="checkbox"/> share equally or _____ % whole number only, no decimals or fractions	
Name _____ Address _____ Social Security # _____	/ /	<input type="checkbox"/> share equally or _____ % whole number only, no decimals or fractions	

Total 100%

***If more than one primary or contingent beneficiary is designated, proceeds will be divided equally among survivors within the class unless otherwise indicated.
 Please print clearly using blue or black ink.***

CHANGE OF BENEFICIARY REQUEST (Contingent Beneficiary Changes)

POLICY NUMBER(s) _____ OWNER _____
 _____ JOINT OWNER (IF ANY) _____

PLEASE NOTE:

If the Contingent Beneficiary designation section is in good order, it will revoke previous contingent beneficiary designations. Contingent and Primary beneficiary(ies) need to be restated even if they are not being changed.

(Failure to do so will result in any current contingent beneficiaries being removed).

Example: If you are changing only the contingent beneficiary(ies), you must restate the primary beneficiary(ies).

Faxes will be accepted

- Primary beneficiary(ies) will receive any proceeds payable at the insured's death.
- If no primary beneficiary(ies) survives the insured, the contingent beneficiary(ies) will receive any proceeds.
- If no beneficiary(ies) survive the insured, any proceeds will go to the owner's estate

CONTINGENT BENEFICIARIES Section B	Date of Birth or Trust date	Percentage (for multiple beneficiaries)	Relationship to Insured
Name _____ Address _____ Social Security # _____	/ /	<input type="checkbox"/> share equally or _____ % whole number only, no decimals or fractions	
Name _____ Address _____ Social Security # _____	/ /	<input type="checkbox"/> share equally or _____ % whole number only, no decimals or fractions	
Name _____ Address _____ Social Security # _____	/ /	<input type="checkbox"/> share equally or _____ % whole number only, no decimals or fractions	
Name _____ Address _____ Social Security # _____	/ /	<input type="checkbox"/> share equally or _____ % whole number only, no decimals or fractions	
Name _____ Address _____ Social Security # _____	/ /	<input type="checkbox"/> share equally or _____ % whole number only, no decimals or fractions	

Total 100%

If more than one primary or contingent beneficiary is designated, proceeds will be divided equally among survivors within the class unless otherwise indicated.

Please print clearly using blue or black ink.

CHANGE OF BENEFICIARY REQUEST

Revocable Beneficiary: The owner may change a revocable beneficiary at any time without the beneficiary's consent.

Irrevocable Beneficiaries: If a beneficiary is to be considered Irrevocable please indicate this next to the beneficiaries name. The owner may NOT change the irrevocable beneficiary without the consent of the irrevocable beneficiary. An irrevocable beneficiary has a vested interest in the proceeds of the policy; therefore, the policy owner cannot exercise certain rights without the permission of the irrevocable beneficiary.

If additional space is required please attach a separate page with all required information (i.e., Policy No., Owner's signature and Date).

If any beneficiary is NOT a U.S. Citizen please indicate the country(ies) of citizenship _____

Signature of Owner _____ Date _____
(Required)

Print Name / Title (POA, Trustee, Guardian, etc..)

Signature of Joint Owner /Partnership _____ Date _____
Signature of the Joint Owner is required for jointly owned policies. (Required, if applicable)

Signature of Spouse _____ Date _____
(Required, if applicable)

Non-related witness _____ Date _____
Signature of the Owner in Massachusetts must be witnessed by someone non-related and other than a named beneficiary. Must be over 18 years of age.

Signature of Irrevocable Beneficiary _____ Date _____
Signature of Irrevocable Beneficiary is required when designated. (Required, if applicable)

Signature of Irrevocable Beneficiary _____ Date _____
Signature of Irrevocable Beneficiary is required when designated. (Required, if applicable)

Signature of Irrevocable Beneficiary _____ Date _____
Signature of Irrevocable Beneficiary is required when designated. (Required, if applicable)

This request may be mailed or faxed.

Please Note: If you reside(d) in one of the following community property jurisdictions (AZ, CA, ID, LA, NM, NV, TX, WA, WI, Puerto Rico and Guam), you may wish to consult with your legal or tax advisor prior to making changes to your policy.

FOR CORPORATIONS ONLY:

If the Owner is a corporation, complete the following corporate acknowledgement and submit a copy of the resolution of the Board of Directors authorizing execution of this Change of Beneficiary or complete the Entity Certification Form.

STATE OF _____ County of _____ on this _____ day of _____, _____, before me personally came _____, who being by me duly sworn, did depose and say that s/he resides in _____, that s/he is the _____ of

_____, the corporation described herein, and which executed this Change of Beneficiary; that s/he knows the seal of said corporation; the seal affixed to said Change of Beneficiary is such corporation; that it was affixed by order of the Board of Directors; and that s/he signed her/his name thereto.

My commission expires _____ Notary Public _____