PuritanLife

Administrative Office
PO Box 11823
Winston-Salem, NC 27116
Phone 844.465.0361
Fax 336.759.3141
Email: info@PuritanLife.com

BENEFICIARY DESIGNATIONS/CHANGE

INSTRUCTIONS

Please type or print clearly in ink all applicable sections. You must sign, date, and return the form to us for the change(s) to be valid. If the beneficiary is to be a Trust, copies of the Title and Signature pages, or Certification of Trust, must accompany this request. Once this change has been recorded at the Home Office, you will receive a confirmation notice.

IMPORTANT: DO NOT USE CORRECTION FLUID ON THIS FORM. IF YOU HAVE MADE AN ERROR, MARK THROUGH IT AND INITIAL YOUR CHANGE. DO NOT MAIL THE POLICY.

Section A: Annuitant Information

Policy Number: _____

Annuitant Name: _____ □ Married □ Widow/Widower

Annuitant Phone: _____ □ Single □ Divorced – Date:_____

Address Change?: □ Annuitant Address (Street, City, Zip):

Joint Owner Name (if applicable): _____ □ Married □ Widow/Widower

□ Single □ Divorced – Date:_____

Section B: Beneficiary Designations

PRIMARY DESIGNATIONS

Name	Per Stirpes	Address	Phone	DOB	SSN	Relationship	% of Benefit*
	☐						
	☐						
	☐						
	☐						

*Total % of Benefits for primary should equal 100%. If no percentages are designated, distribution will be in equal shares.

CONTINGENT DESIGNATIONS

Name	Per Stirpes	Address	Phone	DOB	SSN	Relationship	% of Benefit*
	☐						
	☐						
	☐						
	☐						

*Total % of Benefits for contingent should equal 100%. If no percentages are designated, distribution will be in equal shares.

Section C: SPOUSAL CONSENT (If residing in a Community Property State – AZ, CA, GU, ID, LA, NV, NM, TX, WA, or WI)

Do you reside in a community property state?: ☐ Yes ☐ No

(If yes, complete section C; if no, skip to section D.)

ATTENTION: If you live in a community property state, and you have designated someone other than your spouse as beneficiary, state law requires that your spouse consent to such designation. If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s) may not be effective.

I, _____, ☐ Annuitant Spouse ☐ Former Annuitant Spouse of the above-reference policy do hereby consent to the foregoing beneficiary designation(s), by virtue of the Community Property Laws of the State or territory of _____ (State)

I,_____, ☐ Joint Annuitant Spouse ☐ Former Joint Annuitant Spouse of the above-reference policy do hereby consent to the foregoing beneficiary designation(s), by virtue of the Community Property Laws of the State or territory of _____ (State)

Signature of Annuitant's Spouse or Former	Printed Name	Date

Spouse Signed at: (City, County, State)**:** _____

Signature of Joint Annuitant's Spouse or Former	Printed Name	Date

Spouse Signed at: (City, County, State)**:** _____

(Witness must be an Unrelated Adult Person with no Interest in the Policy)

Signature of Witness	Witness's Name Printed	Date

Section D: ANNUITANT & JOINT ANNUITANT SIGNATURES

The undersigned hereby revokes all previous designations of beneficiaries under the below-numbered policy and designates the following beneficiary(s) in accordance with the "Beneficiary" provisions of the policy.

For CA Residents:

CALIFORNIA FRAUD NOTICE

For your protection, California law requires the following to appear on this form:
Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Annuitant Signature	Printed Name	Date

Joint Annuitant Signature (if applicable)	Printed Name	Date