

**Beneficiary Change Request**

This request changes only those primary and/or contingent beneficiaries indicated herein.

**1. INSURED/ANNUITANT**

Name (First, Middle, Last) \_\_\_\_\_ Birth date \_\_\_\_\_  
Residence address (Street, City, State, ZIP) \_\_\_\_\_  
Mailing address (If different) \_\_\_\_\_  
Telephone number \_\_\_\_\_ Social Security number \_\_\_\_\_  
Email \_\_\_\_\_

**2. OWNER**

Provide if different from insured/annuitant

Name (First, Middle, Last) \_\_\_\_\_ Birth date \_\_\_\_\_  
Residence address (Street, City, State, ZIP) \_\_\_\_\_  
Mailing address (If different) \_\_\_\_\_  
Telephone number \_\_\_\_\_ Social Security number \_\_\_\_\_  
Email \_\_\_\_\_

**3. DEFINITIONS**

**Primary Beneficiary:** A person or entity designated by the owner to receive the proceeds upon the death of the insured or annuity owner.

**Contingent Beneficiary:** A person or entity designated by the owner to receive the proceeds in the event the primary beneficiary predeceases the insured or annuity owner.

**Irrevocable Beneficiary:** A type of beneficiary designation that requires the written consent of the beneficiary for the owner to request most financial transactions (e.g. loans, withdrawals and surrenders) or to remove the beneficiary from the contract. Any beneficiary designated as an irrevocable beneficiary on this form must sign where indicated below.

**4. BENEFICIARY DESIGNATION**

All designated beneficiaries will be considered primary, sharing equally, unless otherwise indicated.

Primary  Contingent  \_\_\_\_\_% Relationship to insured \_\_\_\_\_ Irrevocable   
Name (First, Middle, Last)/Entity name \_\_\_\_\_ Birth/Trust date \_\_\_\_\_  
Residence address (Street, City, State, ZIP) \_\_\_\_\_  
Mailing address (If different) \_\_\_\_\_  
Telephone number \_\_\_\_\_ Social Security/Tax ID number \_\_\_\_\_  
Email \_\_\_\_\_

Primary  Contingent  \_\_\_\_\_% Relationship to insured \_\_\_\_\_ Irrevocable   
Name (First, Middle, Last)/Entity name \_\_\_\_\_ Birth/Trust date \_\_\_\_\_  
Residence address (Street, City, State, ZIP) \_\_\_\_\_  
Mailing address (If different) \_\_\_\_\_  
Telephone number \_\_\_\_\_ Social Security/Tax ID number \_\_\_\_\_  
Email \_\_\_\_\_

Primary  Contingent  \_\_\_\_\_% Relationship to insured \_\_\_\_\_ Irrevocable   
Name (First, Middle, Last)/Entity name \_\_\_\_\_ Birth/Trust date \_\_\_\_\_  
Residence address (Street, City, State, ZIP) \_\_\_\_\_  
Mailing address (If different) \_\_\_\_\_  
Telephone number \_\_\_\_\_ Social Security/Tax ID number \_\_\_\_\_  
Email \_\_\_\_\_

Primary  Contingent  \_\_\_\_\_% Relationship to insured \_\_\_\_\_ Irrevocable   
Name (First, Middle, Last)/Entity name \_\_\_\_\_ Birth/Trust date \_\_\_\_\_  
Residence address (Street, City, State, ZIP) \_\_\_\_\_  
Mailing address (If different) \_\_\_\_\_  
Telephone number \_\_\_\_\_ Social Security/Tax ID number \_\_\_\_\_  
Email \_\_\_\_\_

Primary  Contingent  \_\_\_\_\_% Relationship to insured \_\_\_\_\_ Irrevocable   
 Name (First, Middle, Last)/Entity name \_\_\_\_\_ Birth/Trust date \_\_\_\_\_  
 Residence address (Street, City, State, ZIP) \_\_\_\_\_  
 Mailing address (If different) \_\_\_\_\_  
 Telephone number \_\_\_\_\_ Social Security/Tax ID number \_\_\_\_\_  
 Email \_\_\_\_\_

Primary  Contingent  \_\_\_\_\_% Relationship to insured \_\_\_\_\_ Irrevocable   
 Name (First, Middle, Last)/Entity name \_\_\_\_\_ Birth/Trust date \_\_\_\_\_  
 Residence address (Street, City, State, ZIP) \_\_\_\_\_  
 Mailing address (If different) \_\_\_\_\_  
 Telephone number \_\_\_\_\_ Social Security/Tax ID number \_\_\_\_\_  
 Email \_\_\_\_\_

Primary  Contingent  \_\_\_\_\_% Relationship to insured \_\_\_\_\_ Irrevocable   
 Name (First, Middle, Last)/Entity name \_\_\_\_\_ Birth/Trust date \_\_\_\_\_  
 Residence address (Street, City, State, ZIP) \_\_\_\_\_  
 Mailing address (If different) \_\_\_\_\_  
 Telephone number \_\_\_\_\_ Social Security/Tax ID number \_\_\_\_\_  
 Email \_\_\_\_\_

**5. OTHER REQUESTS/INFORMATION**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. AUTHORIZATION**

I(We), the undersigned, hereby request and direct Liberty Life Assurance Company of Boston (the Company) to change this contract as noted on this Beneficiary Change Request form and in accordance with the terms of the contract. I(We) understand that this request changes only those primary and/or contingent beneficiaries indicated herein - for example, a change herein of primary beneficiary(ies) only will not revoke any prior contingent beneficiary(ies) designations. Unless otherwise indicated, the proceeds of the contract will be paid in equal shares to beneficiaries of the same order, or the survivor(s) of them, share and share alike. It is agreed that if any beneficiaries designated are unnamed members of a class, an affidavit signed by a surviving member of such class stating that the person(s) named in the said affidavit are the sole surviving members of such class, shall be sufficient proof to the Company that there are no other surviving members of such class. Unless otherwise provided or by law, the right to revoke or to change any revocable beneficiary designation is hereby reserved. If the owner is a resident of AZ, CA, ID, LA, NV, NM, TX, WA, or WI, or other states having a community property law, or if the contract was issued in a community property state, the right to change the beneficiary(ies) may be limited. The signature of the owner's spouse, or domestic partner (as applicable), in the signature section below constitutes his or her consent to the payment of the contract proceeds as indicated on this form. I(We) understand that this beneficiary designation will not be binding until it is received and acknowledged by the Company. The designation will take effect as of the date signed below, subject to any payment made or action taken by the Company before receipt and acknowledgment. I(We) represent that all statements and information contained herein are true and complete to the best of my(our) knowledge and belief.

**7. SIGNATURES**

**X** \_\_\_\_\_ Date (mm/dd/yy)  
 Owner Signature (Executor/Administrator/Power of Attorney/Trustee, if applicable)

**X** \_\_\_\_\_ Date (mm/dd/yy)  
 Joint Owner Signature

**X** \_\_\_\_\_ Date (mm/dd/yy)  
 Irrevocable Beneficiary Signature(s) (If applicable)

**X** \_\_\_\_\_ Date (mm/dd/yy)  
 Spouse/Domestic Partner Signature (As applicable) (Required in AZ, CA, ID, LA, NV, NM, TX, WA, & WI only)

**X** \_\_\_\_\_ Date (mm/dd/yy)  
 Witness Signature (Must be third party disinterested adult) (Required in MA only)