

Complete each beneficiary class giving first name, middle initial, last name and relationship, as appropriate, of the beneficiary to the insured.

**The total for each beneficiary class must equal a total of 100%.**

**Primary beneficiary (s):** This is your first choice of the person (s) or entity to which the policy proceeds will be paid at the time of a claim. If more than one person is named, payment will be made in equal shares to the Primary beneficiary (s) who are living at the time proceeds are payable. If a percentage is indicated and a Primary beneficiary (s) is not alive at the time proceeds are payable, the percentage of that beneficiary's designated share will be divided equally among the surviving Primary beneficiary (s) unless otherwise indicated.

**Contingent beneficiary (s):** If the Primary Beneficiary (s) is deceased or the entity is not in existence at the time the policy becomes a claim, the death benefit is then paid to the Contingent beneficiary. If more than one person is named, payment will be made in equal shares to the Contingent beneficiary (s) who are living at the time proceeds are payable. If a percentage is indicated and a Contingent beneficiary (s) is not alive at the time proceeds are payable, the percentage of that beneficiary's designated share will be divided equally among the surviving Contingent beneficiary (s) unless otherwise indicated.

**The following are examples of the most common beneficiary designations:**

- Mary J. Doe (not Mrs. John Doe).
- Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son.
- Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son, in equal shares, if they are both living, otherwise to whichever of them survive me.
- Estate of the Insured.
- Mary J. Doe 50%, Wife, Jane Doe 25%, Daughter, and Joseph W. Doe 25%, Son, in the event of one of their deaths their portion shall be divided equally among the remaining designations.

**A legal advisor should be consulted to discuss any questions or concerns on how a beneficiary designation should be written.**

# Beneficiary Change Form

Ameritas Life Insurance Corp. ("Company") P.O. Box 81889, Lincoln, NE 68501 / 800-745-1112, Fax 402-467-7335

Policy Number: \_\_\_\_\_

Name of Insured/Annuitant: \_\_\_\_\_

This form operates to change only the beneficiaries for the following:

Check appropriate box(es)

Insured/Basic

Covered Insurance Rider – Self

Covered Insurance Rider – Other

Annuity Owner

Annuitant\* (Annuitant driven policies only)

\*Separate form required for each designation

<b>1. Designation of Beneficiary</b>	If a named beneficiary is a trust, complete a Trust Information form UN 2947 and submit it along with this form.	1021
--------------------------------------	--	------

The undersigned policyowner hereby revokes any previous beneficiary designations with respect to any proceeds payable at the death of the Insured(s) designated above. **If an ownership and beneficiary change need to be made simultaneously, please use the UN 3379 A form instead of this one.**

As in all legalities, our records are only as valid as the information known to us and are subject to any outstanding or future legal proceedings such as; divorce or bankruptcy.

**Primary beneficiary:** Receives any proceeds payable at the insured's death

- The policy's death benefit will be paid to multiple beneficiaries in equal shares unless otherwise indicated.
- If additional space is needed, please write "See Attached" on this form and attach an additional page. Please sign and date this form as well as the additional page(s).

Primary Full Name(s)	%	Address: Street City / State / ZIP	Relationship to Insured	Date of Birth or Date of Trust	SSN/TIN

Total: 100%

Contingent Full Name(s)	%	Address: Street City / State / ZIP	Relationship to Insured	Date of Birth or Date of Trust	SSN/TIN

Total: 100%

**2. Declarations and Signatures** Form will be returned if this section is incomplete.

**FRAUD NOTICE:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application or files a claim or other document containing a false or deceptive statement is guilty of insurance fraud.

The undersigned hereby declares that:

- (1) I own the above policy and request the actions indicated, knowing community property law may require spouse consent; and
- (2) No bankruptcy proceedings are now pending against the owner.

**Community Property States:** The following are community property states and we request a spouse's signature (on Other Required Signature line) to process your chosen service request: California, Washington, Arizona, Nevada, New Mexico, Idaho, Wisconsin, Texas and Louisiana.

Date: \_\_\_\_\_  
Month Day Year

**X** \_\_\_\_\_  
Signature of Owner

**X** \_\_\_\_\_  
Signature of Joint Owner

\_\_\_\_\_  
Print or Type Name of Owner

\_\_\_\_\_  
Print or Type Name of Joint Owner

**X** \_\_\_\_\_  
Other Required Signature

\_\_\_\_\_  
Print or Type Other Required Name

**IF BUSINESS OWNED:** Please check appropriate box:  Individual/Sole Proprietor  Corporation  Partnership  Trustee

\_\_\_\_\_  
Business Name

**X** \_\_\_\_\_  
Signature of Officer/Partner/Trustee

\_\_\_\_\_  
Print or Type Officer/Partner/Trustee

**X** \_\_\_\_\_  
Witness Signature (only required in MA)

\_\_\_\_\_  
Date

\*Signature of the policy owner in MA must be witnessed by someone over the age of 18, not related to the policy owner(s), and not a named beneficiary.

Definitions

Trustor(s)/Grantor(s)/Settlor(s): The individual(s) who creates a trust and who gives (transfers) property to the trust.

Trustee(s): The individual(s) and/or institution(s) named by the trustor(s)/grantor(s)/settlor(s) to act on behalf of the trust according to the terms of the trust document.

Policy Number: \_\_\_\_\_

Name of Insured/Annuitant: \_\_\_\_\_

Trust is:  Owner  Beneficiary (Owner is required for Trust beneficiary changes)

1. Trust Information

This section asks for specific information that must be obtained from the Trust document. You must complete every line.

In consideration of the Company opening and/or maintaining one or more policies for the Trust named below, we the undersigned, Trustees, represent and verify as follows:

\_\_\_\_\_ Full Name of the Trust

\_\_\_\_\_ Date of the Trust \_\_\_\_\_ Tax Identification Number used for the Trust

\_\_\_\_\_ Name(s) of the Trustor(s)/Grantor(s)/Settlor(s)

\_\_\_\_\_ Trust Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP

Please indicate the type of investments permitted within the powers of the Trust.

I/We represent and verify that I/We have power under the Trust and applicable law to enter into transactions, both purchases and sales, of the types specified below: Please indicate the products permitted within the powers of the Trust. (check all applicable products)

Life Insurance  Annuities  Other \_\_\_\_\_

The Trustee(s) may act:  Singly Must act:  Jointly  Other (explain): \_\_\_\_\_

2. Change of Trustee(s)

Is this form being completed to change the Trustee only?  Yes  No

If yes, one of the following is required: the previous Trustee's signature, a resignation letter from the previous Trustee, a copy of the death certificate (if previous Trustee is deceased) or a physician's statement if the previous trustee is incapacitated.

New Trustee #1 (Print Name): \_\_\_\_\_

\_\_\_\_\_ Trust #1 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP

New Trustee #2 (Print Name): \_\_\_\_\_

\_\_\_\_\_ Trust #2 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP

New Trustee #3 (Print Name): \_\_\_\_\_

\_\_\_\_\_ Trust #3 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP

New Trustee #4 (Print Name): \_\_\_\_\_

\_\_\_\_\_ Trust #4 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP

