

Request to Change Beneficiary -ANNUITY

INFORMATION ABOUT THE OWNER	
Owner Name	SSN/TIN
Address (City, State, Zip Code)	
Date of Birth (mm/dd/yyyy)	Phone Number
Certificate Number	Insured

Allocations need not be equal. Allocations for primary beneficiaries must total 100%. Allocations for contingent beneficiaries must total 100%. If additional space is needed, please attach Supplemental Beneficiary form.

PRIMARY BENEFICIARY 1		
Name (First/Middle/Last)		Percentage %
Address		City
State	Zip Code	Phone Number
Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship to Owner

PRIMARY BENEFICIARY 2		
Name (First/Middle/Last)		Percentage %
Address		City
State	Zip Code	Phone Number
Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship to Owner

PRIMARY BENEFICIARY 3		
Name (First/Middle/Last)		Percentage %
Address		City
State	Zip Code	Phone Number
Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship to Owner

CONTINGENT BENEFICIARY 1		
Name (First/Middle/Last)		Percentage %
Address		City
State	Zip Code	Phone Number
Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship to Owner

CONTINGENT BENEFICIARY 2		
Name (First/Middle/Last)		Percentage %
Address		City
State	Zip Code	Phone Number
Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship to Owner

CONTINGENT BENEFICIARY 3		
Name (First/Middle/Last)		Percentage %
Address		City
State	Zip Code	Phone Number
Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship to Owner

CONFIRMATION	
By signing below: <ul style="list-style-type: none"> I acknowledge this request is subject to the provisions and conditions of my policy and Upstream Life Insurance may request additional information in order to process my request. I understand by submitting this document in good order, I revoke any existing beneficiary designations and request Upstream Life Insurance change the beneficiary for the listed Certificate. 	
Owner(s) and/or Assignee(s) Signature(s) (required)	Date (mm/dd/yyyy)
All Irrevocable Beneficiaries (if applicable)	Date (mm/dd/yyyy)
Other Required Signatures (if any)	Date (mm/dd/yyyy)

SPOUSAL CONSENT
If you live in a Community Property State AK, CA, GU, ID, LA, NV, NM, TX, WA or WI, your spouse must consent to this transaction. Unless the Company has been notified of a community property interest in this Certificate, we are entitled to rely on our good faith belief that no community property interest exists, and we assume no responsibility for inquiry.