

ANNUITY SERVICE REQUEST

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INSTRUCTIONS: The Annuity Owner may use this form to request action by the Company. Check the appropriate squares and supply information indicated. To prevent delay, please obtain signature guarantee or notarization.

For assistance, please contact the Annuity Department at (800) 265-2652.

DATE	ANNUITANT NAME	OWNER(S) NAME
ANNUTIY NUMBER	2:1(5¶6 '\$7(2) %,57+	

INSTRUCTIONS

I agree that any change requested shall be subject to the provisions of the Annuity and approval by the Company. Following completion of all requirements the requested changes made by this request shall constitute a supplement to the original application for the Annuity and shall form a part of the Annuity.			
Х	Х		
OWNER(S) SIGNATURE (Required for any of the above changes)	SPOUSAL JOINT OWNER SIGNATURE (If applicable)		
OWNER(\$) TELEPHONE NUMBER			
	NOTARIAL ACKNOWLEDGMENT		
State of			
County of			
On, 20 before	e me, Notary		
On, 20 before Public, personally appeared	personally known to me (or		
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.			
WITNESS my hand and official seal.			
Signature	(SEAL)		

ADDITIONAL INSTRUCTIONS

- 1. After completing the date, annuitant name, owner name and annuity number, complete ONLY those sections you wish to change. Complete one form for every annuity number.
- 2. If space provided on the form is not adequate, provide additional information on a separate sheet, dated and signed by the Owner(s).
- 3. Delete To delete a designation, check the appropriate box and write "DELETE" in the area provided for name.
- 4. Address In this area indicate permanent changes of the Owner's address only. If the change has not yetone foccurredvidleactiat