

**MANHATTAN LIFE INSURANCE COMPANY
WESTERN UNITED LIFE ASSURANCE COMPANY**

Annuity Operations Office

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**BENEFICIARY
ANNUITY CONTRACT
CHANGE REQUEST**

*****ONLY USE FOR DEATH CLAIMS*****

REQUIRED FIELDS MUST BE COMPLETED, OR THIS FORM WILL BE RETURNED AND NOT RECORDED

1. ANNUITY CONTRACT INFORMATION

Annuitant's Name	Annuity Number(s)
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2. PRIMARY BENEFICIARY CHANGE *(If a trust, the date of the trust is required; Do Not name Trustees)*

a. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship
Address, City, State, Zip Code		Percent* %	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship
Address, City, State, Zip Code		Percent* %	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship
Address, City, State, Zip Code		Percent* %	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship
Address, City, State, Zip Code		Percent* %	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No

3. CONTINGENT BENEFICIARY CHANGE *(If a trust, the date of the trust is required; Do Not name Trustees)*

a. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship
Address, City, State, Zip Code		Percent* %	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship
Address, City, State, Zip Code		Percent* %	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship
Address, City, State, Zip Code		Percent* %	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Full Name (include Title if applicable)	SSN/Tax ID	Birth/Trust Date	Relationship
Address, City, State, Zip Code		Percent* %	Per Stirpes <input type="checkbox"/> Yes <input type="checkbox"/> No

****Percent will be set up as equal unless otherwise indicated.***

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4. TESTAMENTARY TRUST DESIGNATION

(Please contact our office before completing this section)

The Primary or Contingent Beneficiary of this contract shall be the testamentary trust established in the will of _____ dated _____, provided it has not been superseded and was entered for probate within 90 days of the death of the Annuitant; otherwise, proceeds are payable to the estate of the Annuitant.

5. OWNERSHIP CHANGE

(Requires a W-9; May be a taxable event)

Current Owner		New Owner ^{**}	
Name		Name	
Address		Address	
City, State, Zip Code	Area Code Phone Number	City, State, Zip Code	Area Code Phone Number
Relationship	Birth/Trust Date	Relationship	Birth/Trust Date
SSN/Tax ID	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN/Tax ID	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

6. REQUIRED SIGNATURES

The Owner will receive a recorded copy for their records.

Owner Printed Name	 Owner Signature	Date
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Neither Western United Life Assurance Company, Manhattan Life Insurance Company, nor any of their insurance producers, provide legal or tax advice.

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- AK** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
- AR, LA, RI, TX and WV** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- AZ** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- CA** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- CO** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- AL, DC** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- DE, ID, IN and OK** **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- FL** Any person who knowingly and with the intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- KY** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- MD** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ME, TN, VA and WA** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- MN** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NH** Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in **N.H. Rev. Stat. Ann. § 638:20.**
- NJ** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- NM** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
- OH** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- OR** Any person who knowingly and with INTENT TO DEFRAUD or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any MATERIAL FACT, MAY BE violating state law.
- PA** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- PR** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not more than \$10,000, or a fixed term of imprisonment for 3 years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of 5 years, if extenuating circumstances are present, it may be reduced to a minimum of 2 years.

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