

**Pre-Determined Death Benefit
Payout Election Form**

Owner's Name: _____ Contract Number: _____

This election is made at the Owner's request. The company reserves the right to modify or disregard an election if necessary to comply with applicable laws and regulations in effect at the time of the Owner's death (or the Annuitant's death if there is a non-natural Owner). After we receive and acknowledge this form, a copy will be returned for the Owner's records. (Other options may be available. Contact us for special cases.)

1. Name of Beneficiary to whom this election applies. NOTE: This form does not change your current Beneficiary designation. The name below must match a Beneficiary designation or this election will have no legal effect.

Beneficiary Name: _____ Date of Birth: _____

Address & Telephone No: _____

Relationship: _____ Percentage: _____ Social Security No: _____

Beneficiary Type: ☐ Primary ☐ Contingent

2. The Beneficiary named may take up to _____% as a lump sum withdrawal immediately upon proof of death. (Whole percentages only) The balance will be paid as designated below.

3. Apply this option to the remaining portion of the death benefit payable to the Beneficiary named above:

☐ Payments guaranteed for _____ years. (5 - 30 years)*☐ Payments for a Fixed Amount \$ _____. (Fixed amount payments may not be made for less than 5 years or more than 30 years.* The Company reserves the right to adjust the payment amount to meet these restrictions.)☐ Payments for the Beneficiary's lifetime.☐ Life with Cash Refund *(not available with Single Premium Whole Life products)*☐ Life with Installment Refund *(not available with Single Premium Whole Life products)*☐ Payments for the Beneficiary's lifetime and guaranteed for _____ years. (5 - 30 years)*

4. Payment Mode (Please select one): ☐ Monthly ☐ Semi-Annually
☐ Quarterly ☐ Annually

* Payout period may not exceed the Beneficiary's life expectancy. If the selected payout period exceeds the Beneficiary's life expectancy, we will adjust the payout period to the longest allowable period. *(If monthly payments are less than \$50, payments may be made quarterly, semi-annually or annually at the Company's option.)*

SIGNATURES: I / We request and authorize the Company to act on this election. I understand that neither the Beneficiary nor the Company can modify this election except the Company may modify or disregard this election if necessary to comply with any applicable law or regulation in effect at the time of Owner's death.

Owner's Signature _____ Date _____ Spouse or Joint Owner's Signature _____ Date _____

Registrar _____ Date Recorded _____

SIGNATURES: I / We hereby cancel the election with respect to the Beneficiary named above. I / We understand this cancellation removes any pre-determined death benefit payout option election made for this Beneficiary prior to the date entered next to my / our signature below and that a new election may now be made on a new form.

Owner's Signature _____ Date _____ Spouse or Joint Owner's Signature _____ Date _____

Registrar _____ Date Recorded _____