

Beneficiary Change

Please note:

- This beneficiary change form **CANCELS** all previously submitted primary and contingent beneficiary designations you have provided to us.
- Use this form to designate **primary** beneficiary(ies) who will receive the death benefit of the contract listed in section 1.
- Contracts with non-natural owners (Trusts, corporations, non-profits, etc.) must have the owner listed as the sole primary beneficiary for this beneficiary change to be accepted in good order.
- Use this form to designate **contingent** beneficiary(ies) who will receive the death benefit in the event that all primary beneficiaries predecease the insured/annuitant.
- If you do not name any beneficiaries, or if no primary or contingent beneficiary survives you, any amounts payable will be paid to your estate.
- If you wish to designate a Restricted Beneficiary payout election for your beneficiary, please use the Restricted Beneficiary Designation form available on the clearspringlife.com website or contact Customer Service for details.

For questions or help with this form, call us at **800-990-7626**.

Throughout this form, “the Company” refers to the issuing company.¹

1 Contract Information (please print clearly)

Contract Number		
Owner	Last Four Digits SSN/TIN	
Joint Owner (if applicable)	Last Four Digits SSN/TIN	
Address		
City	State	Zip Code
Email Address	Phone Number	

¹ Clear Spring Life and Annuity Company is authorized to transact business in all states (except New York) and is a member of Group1001. Clear Spring Life and Annuity Company is responsible for its own financial condition and contractual obligations.

2 Primary Beneficiary Information (please print clearly)

- To name additional beneficiaries, please attach an additional page with the requested information included. All information listed below is required for each beneficiary. **Please be sure to sign and date the additional page** as well as section 5.
- For each class (primary and contingent) where you name beneficiaries, the total must add up to 100%. Fractions are not acceptable. You may indicate 'equal' to divide the benefit evenly among all beneficiaries.
- Multiple beneficiaries in the same class (primary or contingent) share equally unless you direct otherwise. However, if a natural person beneficiary does not survive you and there are other beneficiaries in the same class that are alive, the death benefit will be split proportionally among the other beneficiaries of the same class unless you instruct us otherwise.

Beneficiary Name			
Percentage %	Date of Birth (mm/dd/yyyy)	SSN/TIN	Relationship to Owner(s)
Address			
City		State	Zip Code
Email Address			Phone Number

Beneficiary Name			
Percentage %	Date of Birth (mm/dd/yyyy)	SSN/TIN	Relationship to Owner(s)
Address			
City		State	Zip Code
Email Address			Phone Number

Beneficiary Name			
Percentage %	Date of Birth (mm/dd/yyyy)	SSN/TIN	Relationship to Owner(s)
Address			
City		State	Zip Code
Email Address			Phone Number

3 Contingent Beneficiary Information (please print clearly)

Beneficiary Name

Percentage

%

Date of Birth (mm/dd/yyyy)

SSN/TIN

Relationship to Owner(s)

Address

City

State

Zip Code

Email Address

Phone Number

Beneficiary Name

Percentage

%

Date of Birth (mm/dd/yyyy)

SSN/TIN

Relationship to Owner(s)

Address

City

State

Zip Code

Email Address

Phone Number

Beneficiary Name

Percentage

%

Date of Birth (mm/dd/yyyy)

SSN/TIN

Relationship to Owner(s)

Address

City

State

Zip Code

Email Address

Phone Number

4 Spousal Consent

(If residing in a Community Property State – **AZ, CA, GU, ID, LA, NV, NM, TX, WA, or WI**)

If you are married and live in one of the above referenced states, your contract may be subject to community property rules. If so, spousal consent is required for the requested beneficiary change. It is your sole responsibility to determine whether your contract is subject to community property laws, and your spouse's signature must be obtained. Questions should be referred to a legal professional.

If you determine that your contract is subject to community property law and you have designated someone other than your spouse as beneficiary, state law requires that your spouse consent to such designation. If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s) may not be effective.

The Company assumes no responsibility and has no obligation to inquire and/or investigate whether your contract is considered community property. In consideration of accepting this Beneficiary Change form, you agree to indemnify and hold The Company harmless from any and all consequences and effects of accepting and recording the beneficiary change.

Please select one and along with any signature or required documentation

☐ Your contract is not community property,

Owner Signature

X

Date (mm/dd/yyyy)

☐ Your contract is community property,

Spouse Signature

X

Date (mm/dd/yyyy)

☐ You are divorced, and the contract was not included in the Divorce Decree or your former spouse still retains a right to this contract,

Former Spouse Signature

X

Date (mm/dd/yyyy)

☐ You are divorced and your spouse relinquished their interest in the contract in the Divorce Decree and/or Property Settlement, please attach a certified copy of the Divorce Decree and/or Property Settlement.

☐ Your spouse is deceased, please attach a copy of the death certificate.

5 Signature(s)

All owners must sign this form.

If you are signing this form as a fiduciary (power of attorney, trustee, guardian, custodian, etc.), for the contract owner, you must sign in your fiduciary capacity and not in your individual capacity. We will need your authorizing documents to process this request. If we do not have them on file, please attach them to this form.

If the contract is owned by a corporation, (an) authorized officer(s) of the corporation must sign this form and provide his or her title. Please submit a corporate resolution authorizing the changes to process this request.

By signing this form, I/we understand and agree that:

- I(we), the owner(s) for the contract referenced on page 1, **revoke all prior primary and contingent beneficiary designations** and instruct the Company to accept the instructions as detailed on this form and any attached pages.
- All primary and contingent beneficiary designations will require an update, if your contract is annuitized.
- A guardian may be required for beneficiaries who are minors at the time of the distribution of the death benefit. Additional paperwork may be required.

Owner Signature X	Date (mm/dd/yyyy)
Please Print Owner Name	
Joint Owner Signature (if applicable) X	Date (mm/dd/yyyy)
Please Print Joint Owner Name (if applicable)	

Contact Us

By mail

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By express mail

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Zionsville, IN 46077

By fax

317-574-2050

By email

customerservice@clearspringlife.com

By phone

Customer Service **800-990-7626** M-F 8:00 a.m.-5:00 p.m., ET