

# Annuity Change of Beneficiary Form

**The United States Life Insurance Company in the City of New York (USL)**

Annuity Operations: P.O. Box 3018 • Houston, TX 77253-3018

**1. Contract Identification**

Contract #: \_\_\_\_\_ SSN or Tax ID #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Owner(s): \_\_\_\_\_  
 Owner's Email Address: \_\_\_\_\_  
 Annuitant (if other than Owner): \_\_\_\_\_ Phone #: \_\_\_\_\_

**2. Deferred Annuity Beneficiary**

**METHOD OF PAYMENT:** If not otherwise provided in this request, in any designation as stated below providing for more than one beneficiary, the proceeds shall be payable in equal shares to the designated beneficiaries as may be living.

If there are more primary or contingent beneficiaries than space provided on this form, please attach an additional sheet and the Owner(s) must sign the sheet.

**BENEFICIARY #1 of \_\_\_\_\_:**

- PRIMARY BENEFICIARY:** (Proceeds payable upon the death of the Owner)
- CONTINGENT BENEFICIARY:** (Proceeds payable under this designation only if none of the designated primary beneficiaries survives the deceased Annuitant or Owner.)

Full Name: \_\_\_\_\_ Percentage (%): \_\_\_\_\_

SSN or Tax ID #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

**NOTE: If a living or non-testamentary trust is designated as a beneficiary, complete the following. Please attach a copy of the Trust.**

Name of Trust: \_\_\_\_\_ Date: \_\_\_\_\_

**Beneficiary #1 Restriction Information:**

- Irrevocable Beneficiary** (the beneficiary designation will be irrevocable and the irrevocable beneficiary must provide consent for any future beneficiary designation changes)
- No Restriction** (the beneficiary may elect the form of death benefit payment)
- Partial Restriction** (the beneficiary shall receive the death benefit payment in lump sum as indicated below):  
 \_\_\_\_\_% (Percentage limit) **OR** \$ \_\_\_\_\_ (Dollar amount limit)
- Full Restriction** (the beneficiary shall receive the death benefit shall be paid as indicated below):

<input type="checkbox"/> <b>Annuitization</b>	<b>Payout Option:</b> <input type="checkbox"/> Life Only <input type="checkbox"/> Lifetime Income with _____ Years Certain (5 to 50 years) <input type="checkbox"/> Period Certain of _____ Years (5 to 50 years)
	<b>Payment Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
<input type="checkbox"/> <b>Systematic Withdrawal</b>	<input type="checkbox"/> Paid over the restricted beneficiary's life expectancy <input type="checkbox"/> Paid over _____ years, not to exceed the restricted beneficiary's life expectancy

**BENEFICIARY #2 of \_\_\_\_\_:**

- PRIMARY BENEFICIARY:** (Proceeds payable upon the death of the Owner)
- CONTINGENT BENEFICIARY:** (Proceeds payable under this designation only if none of the designated primary beneficiaries survives the deceased Annuitant or Owner.)

Full Name: \_\_\_\_\_ Percentage (%): \_\_\_\_\_

SSN or Tax ID #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

**RETURN COMPLETED FORM TO ADDRESS ABOVE OR FAX TO (713) 620-3829**

**Beneficiary #2 Restriction Information:**

- Irrevocable Beneficiary** (the beneficiary designation will be irrevocable and the irrevocable beneficiary must provide consent for any future beneficiary designation changes)
- No Restriction** (the beneficiary may elect the form of death benefit payment)
- Partial Restriction** (the beneficiary shall receive the death benefit payment in lump sum as indicated below):  
 \_\_\_\_\_% (Percentage limit) **OR** \$\_\_\_\_\_ (Dollar amount limit)
- Full Restriction** (the beneficiary shall receive the death benefit shall be paid as indicated below):

<input type="checkbox"/> <b>Annuitization</b>	<b>Payout Option:</b> <input type="checkbox"/> Life Only <input type="checkbox"/> Lifetime Income with _____ Years Certain (5 to 50 years) <input type="checkbox"/> Period Certain of _____ Years (5 to 50 years)
<input type="checkbox"/> <b>Systematic Withdrawal</b>	<b>Payment Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Paid over the restricted beneficiary's life expectancy <input type="checkbox"/> Paid over _____ years, not to exceed the restricted beneficiary's life expectancy

**3. Single Premium Immediate Annuity or Supplementary Contract Beneficiary (for use with contract numbers beginning in A00, DC, FL, FNT, FSC, F000, FRS, NYA, NYS, R00, SCA, SCRP, SCU, SPIA, 0000, or 008)**

**METHOD OF PAYMENT:** The death proceeds shall be payable in equal shares to the designated beneficiaries as may be living, unless otherwise indicated below.

**PRIMARY BENEFICIARY:** (Proceeds payable upon the death of the Annuitant.)

Full Name: \_\_\_\_\_ Percentage (%): \_\_\_\_\_

SSN or Tax ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

Full Name: \_\_\_\_\_ Percentage (%): \_\_\_\_\_

SSN or Tax ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

**NOTE: If a living or non-testamentary trust is designated as a beneficiary, complete the following. Please attach a copy of the Trust.**

Name of Trust: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTINGENT BENEFICIARY:** (Proceeds payable under this designation only if none of the designated primary beneficiaries survives the deceased Annuitant.)

Full Name: \_\_\_\_\_ Percentage (%): \_\_\_\_\_

SSN or Tax ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

**4. Signatures**

The undersigned Contract Owner revokes any previous beneficiary designation and any optional mode of settlement with respect to any death benefit proceeds at the death of the Annuitant and/or Owner.

I represent and certify that no insolvency or bankruptcy proceedings are now pending against me.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 CONTRACT OWNER

\_\_\_\_\_  
 WITNESS

\_\_\_\_\_  
 ADDITIONAL SIGNATURE (IF REQUIRED)\*

\_\_\_\_\_  
 WITNESS

\*If making changes to irrevocable beneficiaries, the current irrevocable beneficiary must sign here.