

Beneficiary Change Request



MERIT LIFE INSURANCE CO. | 1900 SOUTH BLVD., SUITE 300 | CHARLOTTE, NC 28203 | 833-637-4854

General Information

Use this form to correct or update primary or contingent beneficiary designations only. To correct beneficiary information other than designations, please use the Annuity Change Request Form.

If you are designating a non-natural owner (trust/corporate entity) as your beneficiary, please submit a Non-Natural Owner Certification with the beneficiary change request.

Please submit completed form via email to customerservice@knightheadinsurance.com. Changes are considered effective when they are received, deemed in good order and acknowledged by us in writing.

1. CONTRACT INFORMATION

Contract no.		
Owner Name		Owner SSN/TIN
Joint Owner Name <i>(if applicable)</i>		
Email Address		
Owner Mailing Address		
Owner Street Address <i>(if mailing address is PO Box)</i>		
Phone Number		
Ownership Type	<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Corporate <input type="checkbox"/> Other: _____	
Trustee/Authorized Signer Name <i>(if applicable)</i>		

2. TYPE OF CHANGE REQUESTED

- | | |
|---|--|
| <input type="checkbox"/> Update Primary Beneficiary(ies) | <input type="checkbox"/> Change Beneficiary Allocation |
| <input type="checkbox"/> Update Contingent Beneficiary(ies) | <input type="checkbox"/> Add a Trust or Entity Beneficiary |
| <input type="checkbox"/> Remove Beneficiary(ies) | |

3. SPOUSAL CONSENT (if applicable)

If the Contract Owner is married and resides in a community property state (currently: AZ, CA, ID, LA, NM, TX, WA, WI), the spouse may be required to provide written consent to the beneficiary designation. It is the Contract Owner's responsibility to determine whether they reside in a community property state and whether spousal consent is required under applicable state law. Failure to provide complete and accurate spousal consent, when required, may

delay the processing of this request. Community property laws are subject to change, and the Company does not provide legal or tax advice.

Spouse name: _____

Spouse signature: _____

Date: _____

4. BENEFICIARY DESIGNATIONS

Use whole percentages in your designations; all designation must equal 100% for Primary and 100% for Contingent, if any. If neither "Primary" nor "Contingent" is selected, the designation will be treated as Primary.

Primary Contingent

Beneficiary Name		Benefit (%)
Relationship to Owner		
Date of Birth		
Email Address		
Mailing Address		
Street Address <i>(if mailing address is PO Box)</i>		
Phone Number		
Beneficiary Type	<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Corporate <input type="checkbox"/> Other: _____	

Primary Contingent

Beneficiary Name		Benefit (%)
Relationship to Owner		
Date of Birth		
Email Address		
Mailing Address		
Street Address <i>(if mailing address is PO Box)</i>		
Phone Number		
Beneficiary Type	<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Corporate <input type="checkbox"/> Other: _____	

Primary Contingent

Beneficiary Name		Benefit (%)
Relationship to Owner		
Date of Birth		
Email Address		
Mailing Address		
Street Address <i>(if mailing address is PO Box)</i>		
Phone Number		
Beneficiary Type	<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Corporate <input type="checkbox"/> Other: _____	

Primary Contingent

Beneficiary Name		Benefit (%)
Relationship to Owner		
Date of Birth		
Email Address		
Mailing Address		
Street Address <i>(if mailing address is PO Box)</i>		
Phone Number		
Beneficiary Type	<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Corporate <input type="checkbox"/> Other: _____	

5. ACKNOWLEDGEMENTS & SIGNATURES

By signing below, I authorize Knighthead Life to act on the instructions provided in this form and confirm my agreement with the requested changes. I understand that by submitting this request, I revoke any existing beneficiary designations on the above-listed contract and acknowledge that I am responsible for promptly notifying Knighthead Life of any future changes.

I understand that if no named beneficiary survives the Annuitant or can otherwise receive payment, proceeds will be payable to the Owner's estate.

Owner/Trustee/Authorized Signer Signature _____ Date _____

Joint Owner Signature _____ Date _____