

Beneficiary Form

General Information

Policy Number(s): *SSN:
 *Annuitant Name: *Date of Birth:
 Email Address: *Phone Number:

Primary Beneficiary and Relationship

*Name: *Relationship:
 *Address: *Date of Birth:
 Address 2: *SSN:
 *City: *State: *Zip Code: *Phone Number:
 *Email: *Gender: %:
****If more than 1 primary beneficiary please attach additional sheet** ****Total of Percentages must equal 100%**

Contingent Beneficiary and Relationship

(If not indicated, will be estate)

*Name: *Relationship:
 *Address: *Date of Birth:
 Address 2: *SSN:
 *City: *State: *Zip Code: *Phone Number:
 Email: *Gender: %:
****If more than 1 contingent beneficiary please attach additional sheet** ****Total of Percentages must equal 100%**

Disclaimer

If more than one primary beneficiary or contingent beneficiary is designated, and payment is to be made in equal shares, indicate the shares you would like to designate to each beneficiary in percentages (%) on the percentage area provided. If no allocation of payment is specified, the payment will be divided equally among the listed beneficiaries or all to the survivor. The Company shall not be liable for the application of proceeds paid to a named Trustee, nor be required to determine if a Trust is in effect. The Company may determine designated but unnamed beneficiaries by reliance on affidavits or satisfactory information and the Company is released from liability in reliance thereon. I request any policy provision which requires the policy be endorsed to change the beneficiary be waived. If the designation is in a form satisfactory to the Company, the change will be effective on the date signed by the Owner. If the annuitant dies before the change is recorded, the change will not affect payments already paid. Unless otherwise stated, the right to change the beneficiary is reserved. You should check with your legal advisor to make sure your beneficiary designation reflects your intent.

When recorded this request will void any previous designations.

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

*Signature of Annuitant or Legal Representative *Date of Annuitant or Legal Representative Signature
 *Signature of Joint Annuitant (If Applicable) *Date of Joint Annuitant Signature

Home Office Use Only

Acknowledgement Date:
 Authorized Signature:

* Required Fields

Beneficiary Form Instructions

Instructions

This form should be completed in full, printed, signed by the annuitant or legal representative, and then submitted to Corebridge Financial via email, facsimile or mail.

Email: ssrequest@corebridgefinancial.com
Facsimile: (806) 349-5802
Mail: Corebridge Financial
Attn: Structured Settlements Department
P.O. Box 15367
Amarillo, TX 79105-5367

NOTE: Only signed forms will be considered and processed. The form must be filled out in Black Ink only.

Please contact us if you have any questions.