

Beneficiary Change Request



www.avivausa.com

Aviva Life and Annuity Company

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Overnight Mail: 7700 Mills Civic Parkway, West Des Moines, IA 50266-3862
Tel: 888 266 8489 Fax: 866 709 3922

1. INFORMATION ABOUT YOU

First Name	Middle Initial	Last Name	
Contract Number			
Date of Birth (mm/dd/yy) / /	Social Security Number (Last 4 digits only) X X X - X X -	Contact Telephone Number	
Street Address		Email Address	
City	State	Zip	Address Change Requested: <input type="checkbox"/>

INSTRUCTIONS

Use this form to make changes in your beneficiary information.

- Please use percentages in your designation. All proceeds must total 100%. If no percentages are listed, proceeds will be divided equally.
- If you need additional space, you may attach additional pages. If you attach pages to this form please write "Attachment" on the form and please list the contract number(s) on each sheet. Please sign and date the form and each additional sheet.
- To distribute proceeds "per stirpes", please check the box. Per Stirpes is a common way of distributing proceeds where if one or more of your beneficiaries has died his or her children share equally in his or her share. Also known as By Right of Representation.
- If you designate a class of beneficiaries (such as Children), please list the full names and relationships of the current class members. Subsequent additional class members are automatically added.
- Contingent Beneficiaries will receive death benefit proceeds in the event that the Primary beneficiary(ies) are no longer living.
- If you would like to designate Tertiary Beneficiaries, you may attach a sheet with your designation. Tertiary Beneficiaries will receive the death benefit proceeds in the event that the Primary Beneficiaries and Contingent Beneficiaries are no longer living.
- If you are signing on behalf of the Owner as the Trustee of the trust, or if the Owner is a Company or Plan, please include your title when signing the form and attachments (i.e. Trustee, President, Treasurer.) If you have not already submitted a Trust Verification Form for the trust, or if there have been any changes in regard to the trustees of the trust or the authorized signers for the owner, please provide our office with documentation regarding the change.
- Survivorship Clause. If any beneficiary survives the Annuitant but dies within 30 days after the Annuitant's death, the beneficiary will be considered to have predeceased the Annuitant.
- This is a four page form. To expedite the processing of your request, please submit all four pages and any attachments, if needed.
- If you are designating a trust as your beneficiary or if there have been any changes in regard to the trust or trustees, please complete a Trust Verification Form, if you have not already done so. If you are signing as Trustee on behalf of the Trust, please include your title (Trustee) when signing the form and attachments.
- If the Owner is a Company or Plan, please include your title when signing the form and attachments (i.e. President, Treasurer.) If you have not already provided a list of authorized signers for the owner, or if this list has changed, please provide our office with a current list.



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2. PRIMARY BENEFICIARY(IES) (If this section is left blank, your current designation will be revoked)

Individual or Trust Name			Percentage
			%
Date of Birth (mm/dd/yy) / /	Relationship to Owner		
Street Address		City	State Zip
Social Security Number		Please distribute the proceeds "Per Stirpes" <input type="checkbox"/>	

Individual or Trust Name			Percentage
			%
Date of Birth (mm/dd/yy) / /	Relationship to Owner		
Street Address		City	State Zip
Social Security Number		Please distribute the proceeds "Per Stirpes" <input type="checkbox"/>	

Individual or Trust Name			Percentage
			%
Date of Birth (mm/dd/yy) / /	Relationship to Owner		
Street Address		City	State Zip
Social Security Number		Please distribute the proceeds "Per Stirpes" <input type="checkbox"/>	

Individual or Trust Name			Percentage
			%
Date of Birth (mm/dd/yy) / /	Relationship to Owner		
Street Address		City	State Zip
Social Security Number		Please distribute the proceeds "Per Stirpes" <input type="checkbox"/>	

If you need more space and have attached additional sheets to your form, please check this box
Please write your contract number on the attachments. Please sign and date each page.



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3. CONTINGENT BENEFICIARY(IES) (If this section is left blank, your current designation will be revoked)

Individual or Trust Name			Percentage
			%
Date of Birth (mm/dd/yy) / /	Relationship to Owner		
Street Address	City	State	Zip
Social Security Number	Please distribute the proceeds "Per Stirpes" <input type="checkbox"/>		

Individual or Trust Name			Percentage
			%
Date of Birth (mm/dd/yy) / /	Relationship to Owner		
Street Address	City	State	Zip
Social Security Number	Please distribute the proceeds "Per Stirpes" <input type="checkbox"/>		

Individual or Trust Name			Percentage
			%
Date of Birth (mm/dd/yy) / /	Relationship to Owner		
Street Address	City	State	Zip
Social Security Number	Please distribute the proceeds "Per Stirpes" <input type="checkbox"/>		

Individual or Trust Name			Percentage
			%
Date of Birth (mm/dd/yy) / /	Relationship to Owner		
Street Address	City	State	Zip
Social Security Number	Please distribute the proceeds "Per Stirpes" <input type="checkbox"/>		

If you need more space and have attached additional sheets to your form, please check this box
Please write your contract number on the attachments. Please sign and date each page.



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4. YOUR CONFIRMATION

By signing below:

- I acknowledge that this request is subject to the provisions and conditions of my policy and Aviva may request additional information in order for my request to be processed.
- I understand that by submitting this document, I revoke any existing beneficiary designations and settlement agreement, if any, and request Aviva to change the beneficiary for the listed policy and/or contract.

	Date (mm/dd/yy) / /
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Owner Signature

	Date (mm/dd/yy) / /
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Joint Owner Signature (if applicable)

	Date (mm/dd/yy) / /
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Owner's Title (If Trust or Corporation)

If you are signing on behalf of the owner, please print your name and provide your signature below. Check the box that applies to the capacity in which you are signing. If you have not already done so, please provide your Power of Attorney, Conservatorship, or Guardianship documents to verify you are authorized to act on behalf of the owner.

- Conservator Guardian Power of Attorney

Printed Name

	Date (mm/dd/yy) / /
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Signature

5. SPOUSAL CONSENT (For residents of AZ, CA, ID, LA, NM, NV, TX, WA, and WI)

If you live in a Community Property State (AZ, CA, ID, LA, NM, NV, TX, WA and WI) we are required to have Spousal Consent to make beneficiary changes to your contract. This form will be returned if this section is not complete.

If you do not have a spouse, or if your spouse is deceased, please check this box.

By signing this form, I consent to the designation of the beneficiary(ies) listed above. I understand:

- That the effect of this designation is to cause some or all of my spouse's death benefit to be paid to a beneficiary other than me;
- That each beneficiary designation is not valid unless I consent to it; and
- My consent is irrevocable unless my spouse revokes the beneficiary designation(s).

	Date (mm/dd/yy) / /
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Spouse's Signature

We appreciate your business and are committed to providing you with timely, accurate and caring service. If you have any questions or need additional information, please contact your Agent or our Customer Service Call Center at 1-888-266-8489.

