

# F&G Annuities & Life

## Change of Beneficiary Request Form

Fidelity & Guaranty Life Insurance Company and Fidelity & Guaranty Life Insurance Company of New York

### INSTRUCTIONS

USE THIS FORM TO CHANGE OR UPDATE BENEFICIARIES ON YOUR ANNUITY CONTRACT OR LIFE INSURANCE POLICY. A CLEAR, CURRENT BENEFICIARY DESIGNATION IS EXTREMELY IMPORTANT TO BOTH THE POLICYHOLDER AND TO THE INSURANCE COMPANY.

#### IDENTIFICATION

We encourage all policyholders to name one or more contingent beneficiaries to their life insurance policies and annuity contracts in order to plan for the possibility that a primary beneficiary has predeceased the insured. Please carefully review your decisions and clearly identify intended beneficiaries. Review the following examples of common estate planning beneficiary instructions:

- **Insured's estate** – “Executors or Administrators of the Insured's Estate.”
- **Corporation** – “The Brown Paper Company, Inc., an Iowa Corporation, its successors and assigns.”
- **Partnership** – “John Doe and Sons, a partnership consisting of John Doe, James Doe, and Robert Doe, its successors or assigns.”
- **Corporate trustees** – “Wells Fargo, Baltimore, MD, Trustee, or its successors in trust, under Trust Agreement dated February 12, 2015.”
- **Individual trustee** – “John J. Jones Insurance Trust naming Mary Smith as Trustee under Trust Agreement date February 15, 2015.”
- **Assignee** – “John Doe, assignee of Dave Smith.”

#### SIGNATURES

For our company to make requested changes, we must have all required signatures. If the policy is owned by:

- **Individual(s)** – All individual owners must sign.
- **Corporation, LLC** – Two officers of the company or managing member of the LLC must sign with title and provide either a corporate or board of director's resolution, a copy of the Articles of Incorporation or operating agreement for the LLC. Officer 2, sign in “Other Required Signature” section.
- **Partnership** – All partners must sign.
- **Trust** – All trustee(s) must sign with title “trustee” according to the terms of the Trust Agreement.
- **Irrevocable beneficiary** – Owner must have signed consent of beneficiary.

#### RETURN COMPLETED FORM TO:

Fidelity & Guaranty Life  
Insurance Company  
Service Center,  
P.O. Box 81497  
Lincoln, NE  
68501-1497



U.S. Mail

Fidelity & Guaranty Life  
Insurance Company  
Service Center,  
777 Research Drive  
Lincoln, NE  
68521



Overnight

#### New York Residents:

Fidelity & Guaranty Life  
Insurance Company of  
New York Service Center,  
P.O. Box 81337  
Lincoln, NE  
68501-1337



U.S. Mail

Customer  
Service:  
888-513-8797



Phone

Annuity:  
402-328-2266  
Life Insurance:  
800-281-5777



Fax

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### OWNER

|                        |                                     |  |  |
|------------------------|-------------------------------------|--|--|
| Policy/Contract Number | Name: First / Middle Initial / Last |  |  |
|                        |                                     |  |  |
| Phone Number           | Email Address                       |  |  |
|                        |                                     |  |  |

### PRIMARY BENEFICIARY 1

|                                     |                        |   |                                      |           |
|-------------------------------------|------------------------|---|--------------------------------------|-----------|
| Name: First / Middle Initial / Last |                        |   |                                      |           |
|                                     |                        |   |                                      |           |
| Address                             |                        |   | City                                 |           |
|                                     |                        |   |                                      |           |
| State                               | Zip                    | Phone Number  | Email Address                        |           |
|                                     |                        |   |                                      |           |
| Date of Birth                       | Social Security Number | Relationship to: (select one below)   | State Nature of Relationship (below) | Benefit % |
|                                     | - -                    | <input type="radio"/> Insured <input type="radio"/> Annuitant <input type="radio"/> Owner |                                      |           |

### PRIMARY BENEFICIARY 2

|                                     |                        |   |                                      |           |
|-------------------------------------|------------------------|---|--------------------------------------|-----------|
| Name: First / Middle Initial / Last |                        |   |                                      |           |
|                                     |                        |   |                                      |           |
| Address                             |                        |   | City                                 |           |
|                                     |                        |   |                                      |           |
| State                               | Zip                    | Phone Number  | Email Address                        |           |
|                                     |                        |   |                                      |           |
| Date of Birth                       | Social Security Number | Relationship to: (select one below)   | State Nature of Relationship (below) | Benefit % |
|                                     | - -                    | <input type="radio"/> Insured <input type="radio"/> Annuitant <input type="radio"/> Owner |                                      |           |

### PRIMARY BENEFICIARY 3

|                                     |                        |   |                                      |           |
|-------------------------------------|------------------------|---|--------------------------------------|-----------|
| Name: First / Middle Initial / Last |                        |   |                                      |           |
|                                     |                        |   |                                      |           |
| Address                             |                        |   | City                                 |           |
|                                     |                        |   |                                      |           |
| State                               | Zip                    | Phone Number  | Email Address                        |           |
|                                     |                        |   |                                      |           |
| Date of Birth                       | Social Security Number | Relationship to: (select one below)   | State Nature of Relationship (below) | Benefit % |
|                                     | - -                    | <input type="radio"/> Insured <input type="radio"/> Annuitant <input type="radio"/> Owner |                                      |           |

### THE TOTAL BENEFIT ALLOCATED MUST EQUAL 100.00%

**ALLOCATIONS** – Indicate the proper distributions in percentage format for each party indicated on this form. Allocations need not be equal. However, allocations for all primary beneficiaries must equal 100.00%. Likewise, allocations for contingent beneficiaries must equal 100.00%.

Should you need to add any additional beneficiaries beyond the space allowed on this form, please attach an additional page with the exact beneficiary information required on the form for each additional beneficiary. Please be sure to include the additional beneficiaries in the total allocation amount (100.00%). The additional page must be signed and dated.

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### CONTINGENT BENEFICIARY 1

|                                     |                        |   |                                      |           |
|-------------------------------------|------------------------|---|--------------------------------------|-----------|
| Name: First / Middle Initial / Last |                        |   |                                      |           |
| Address                             |                        |   | City                                 |           |
| State                               | Zip                    | Phone Number  | Email Address                        |           |
| Date of Birth                       | Social Security Number | Relationship to: (select one below)   | State Nature of Relationship (below) | Benefit % |
|                                     | - -                    | <input type="radio"/> Insured <input type="radio"/> Annuitant <input type="radio"/> Owner |                                      |           |

### CONTINGENT BENEFICIARY 2

|                                     |                        |   |                                      |           |
|-------------------------------------|------------------------|---|--------------------------------------|-----------|
| Name: First / Middle Initial / Last |                        |   |                                      |           |
| Address                             |                        |   | City                                 |           |
| State                               | Zip                    | Phone Number  | Email Address                        |           |
| Date of Birth                       | Social Security Number | Relationship to: (select one below)   | State Nature of Relationship (below) | Benefit % |
|                                     | - -                    | <input type="radio"/> Insured <input type="radio"/> Annuitant <input type="radio"/> Owner |                                      |           |

### CONTINGENT BENEFICIARY 3

|                                     |                        |   |                                      |           |
|-------------------------------------|------------------------|---|--------------------------------------|-----------|
| Name: First / Middle Initial / Last |                        |   |                                      |           |
| Address                             |                        |   | City                                 |           |
| State                               | Zip                    | Phone Number  | Email Address                        |           |
| Date of Birth                       | Social Security Number | Relationship to: (select one below)   | State Nature of Relationship (below) | Benefit % |
|                                     | - -                    | <input type="radio"/> Insured <input type="radio"/> Annuitant <input type="radio"/> Owner |                                      |           |

### AUTHORIZATION

This request is subject to the provisions and conditions of my contract/policy. I understand additional information may be required to process this change and I further understand if this form is in good order this submission revokes all prior designations.



\* Witness can be any disinterested third party (Beneficiary cannot be a witness).

|   |      |
|---|------|
| Owner(s) and/or Assignee(s) Signature(s) (required) | Date |
| All Irrevocable Beneficiaries (if applicable)       | Date |
| Witness Signature* (required)                       | Date |
| Other Required Signature (if any)                   | Date |