



PILLAR LIFE INSURANCE COMPANY

CHANGE OF BENEFICIARY REQUEST

This form, when properly completed and submitted, revokes all previous beneficiary designations.

Be sure to rename all previous beneficiaries who are to receive any of the policy proceeds, even if not changing.

1. Owner/Contract Information. Please print or type.

Annuity Contract Number:
Primary Full Legal Name (or Trust Name if a Trust):
Trustee Name:
Daytime Telephone Number:

Joint Owner Full Legal Name:
Daytime Telephone Number:

2. Beneficiary Information. Please print or type.

Total percentages must equal 100% for all beneficiaries designated as primary beneficiaries and 100% for all beneficiaries designated as contingent beneficiaries. For additional beneficiaries, attach a separate sheet signed and dated by all owners, including all the information requested below. Unless specified, Beneficiaries within the same class share equally. If you do not have complete information on each beneficiary please complete as much as possible.

Primary Contingent
 Revocable Irrevocable
 Percentage: _____%

Full Legal Name (or Trust Name if a Trust):
Trustee Name:
Social Security Number or Tax ID Number:

Birth Date/Trust Date:
Relationship to Owner:

Gender Assigned at Birth: Female Male

Address:

City:

State:

Zip Code:

E-mail Address:

Phone Number:

Primary Contingent
 Revocable Irrevocable
 Percentage: _____%

Full Legal Name (or Trust Name if a Trust):

3. Acknowledgement and Signatures:

Signature requirements:

- Each Owner must print their name, then sign and date the form to indicate approval of the change.
- If there is an Irrevocable Beneficiary or an Assignee, they must also print their name, then sign and date the form to indicate their approval of the change.
- If someone else is signing on behalf of an Owner, the full names of both the Owner and the Signer must be provided. Include copies of any documents proving legal authority, such as power of attorney, guardianship papers, etc.
- If the Insured is the Owner and is a resident of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin) and the Primary Beneficiary is being changed from the spouse, such spouse should sign along with the Owner.
- If the Owner is a legal entity: trust, business or on behalf of Owner as guardian or power of attorney, include any necessary documents needed for legal authorization.

I understand that by signing below, I am revoking all previous beneficiary designations, and the changes on this form will become effective on the date I sign this form.

(Owner or Trustee Signature) (Date - mm/dd/yyyy)

(Joint Owner Signature, if any) (Date – mm/dd/yyyy)

(Irrevocable Beneficiary Signature if applicable) (Date - mm/dd/yyyy)

(Spouse Signature if applicable) (Date - mm/dd/yyyy)
Required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only)

4. Return Instructions

Please return this form to

Pillar Life Insurance Company
711 SW D Ave #100
Lawton, OK 73501

5. Why we ask for so much information about your beneficiary

You want your money to go to your beneficiaries and not to someone else. Without complete and accurate information, a benefit could be paid to the wrong person or entity, or if the beneficiary cannot be found, the benefit could be escheated to the state.

A long period of time can elapse between the designation of a beneficiary and the payment of a death claim. During this time, your beneficiary may have moved or changed names due to marriage or divorce. Dates of birth and social security numbers do not change for individuals, so we use them to identify and locate each beneficiary to whom we owe payment, ensuring a quick and accurate payout. Legal entities, including businesses and trusts, have taxpayer identification numbers which we use for the same purpose.

When it is time to locate and make a benefit payment to each beneficiary, we want to be sure we have the right person. To ensure that we do, we ask that you provide as much of the following information as is possible. We understand that you may not have all of the information:

To name an individual

Full Legal Name (First Name, M.I., and Last Name)
Gender
Date of Birth
Social Security Number (SSN)
Relationship to Insured
Address
E-mail Address
Telephone

To name a trust

Name
Date of the Trust Agreement
Trustee Name(s)
Taxpayer Identification Number (TIN)
Address
Telephone

To name an entity (business, charity, non-profit organization, etc.)

Complete Name
Taxpayer Identification Number (TIN)
Address
Telephone

6. Useful Definitions

Insured: The person who is insured by the policy and upon whose death the beneficiary will receive the proceeds of the claim. The Insured may also be the Owner.

Owner: The person(s), business, charity, trust, or entity with the right to authorize all decisions regarding the policy.

Primary Beneficiary: The person/entity selected to receive the policy proceeds after the Insured's death.

Contingent Beneficiary: The person/entity selected to receive the policy proceeds after the Insured's death if no Primary Beneficiary survives the Insured.

Testamentary Trust: A Trust created and funded by the Insured's Last Will and Testament. A testamentary Trust only becomes active upon the death of the Insured.

Other Trust: A Trust created during the lifetime of the Grantor (the person who establishes Trust). The company is not responsible for the application or disposition of the proceeds from the policy by the trustee. Payment to the Trustee shall fully discharge the liability of the company under the policy.

Per Stirpes: Payment of death proceeds to the Issue of a deceased child. If an adult child of the Insured is a beneficiary and that adult child dies before the Insured, that adult child's share of the proceeds will be paid to that adult child's living children in equal shares.

Irrevocable Beneficiary: A beneficiary designation that can only be changed with that person's consent. The irrevocable beneficiary, when named, is vested with certain rights and the owner cannot take certain actions without the written permission of the irrevocable beneficiary, including naming a new beneficiary, requests for policy loans, dividend withdrawals, and even surrender of the policy.

Executor or Court-appointed Administrator of an Estate: If the Insured's Estate is the beneficiary, the company is authorized to rely upon a certified copy of the qualification and appointment of the Executor or Court-appointed Administrator shall fully discharge the liability of the company or its subsidiaries under the policy.

Class of Beneficiaries: A class of beneficiaries is defined as having a common relationship to the Insured, such as children of the Insured. Unless otherwise specified, all members of the class or survivors within the class will share equally in any policy proceeds payable upon the death of the Insured.