



## NON-QUALIFIED SUCCESSOR BENEFICIARY

### Beneficiary Information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Deceased Owner: \_\_\_\_\_ Certificate/Contract #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Decedent's Information:

Deceased Owner's Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Non-Qualified Account #: \_\_\_\_\_

**(A certified copy of the Death Certificate must be included)**

### Payment of Proceeds:

I wish to make periodic withdrawals over a 5 year period. The account must be fully withdrawn over a period of not more than five years from the date of the Deceased Owner's death. *(Please complete a Full or Partial Annuity Withdrawal form, as needed.)*

I intend to take an annual Minimum Distribution based upon my life expectancy. Payments must begin within one year from the Deceased Owner's death. *Please complete the information below to indicate when you would like to receive your distributions.*

I would like to receive my distribution **annually** in the month of \_\_\_\_\_

I would like to receive my distribution **semi-annually** beginning in \_\_\_\_\_

I would like to receive my distribution **quarterly** beginning in \_\_\_\_\_

I would like to receive my distribution **monthly** beginning in \_\_\_\_\_  
*(For monthly withdrawals please include a direct deposit form which is available on our website.)*

Please withhold \_\_\_\_\_ (\$ or %) for Federal Income Tax.

I wish to receive annuitized payments. This option is only available if the beneficiary's share is at least \$10,000. Any guaranteed payment period may not exceed your life expectancy. *(Please complete a Settlement Election form.)*

**Designation of Successor Beneficiary:**

At the time of my death, the successor beneficiary (ies) named below will receive the assets remaining in the non-qualified annuity identified herein. In the event a successor beneficiary dies before me, such successor beneficiary's share will be reallocated on a pro-rata basis to the other successor beneficiaries. If no percentages are assigned to successor beneficiaries, the successor beneficiaries will share equally. If the percentage total for the successor beneficiary allocation does not equal 100 percent, any remaining percentage will be divided equally among the successor beneficiaries. If all of the successor beneficiaries die before me, my non-qualified annuity assets will be paid to my estate. This designation revokes and supersedes all earlier successor beneficiary designations which may apply to this non-qualified annuity. (see additional information included with this form)

Primary/Contingent	Percentage	Name of Successor Beneficiary	Social Security #	Relationship to Beneficiary
	%			
	%			
	%			
	%			
	%			
	%			

Percentages for all Primaries must total 100%

Percentages for all Contingents must total 100%

**Spousal Consent:**

\_\_\_\_\_ I am Not Married. I understand that if I marry in the future, I must complete a new Non-Qualified Successor Beneficiary form that  
(Beneficiary Initials) includes spousal consent documentation.

\_\_\_\_\_ I am Married. I understand that if I designate a successor beneficiary other than my spouse, my spouse must consent by signing below.  
(Beneficiary Initials)

I am the spouse of the current beneficiary of the Non-qualified annuity identified herein. Because of the significant consequences associated with giving up my interest in the non-qualified annuity, the custodian/trustee has not provided me with legal or tax advice, but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the non-qualified annuity assets or property and any financial obligations for a community property state. In the event I have a legal interest in the non-qualified annuity assets, I hereby give to the successor beneficiary such interests in the assets held in this non-qualified annuity and consent to the successor beneficiary designations set forth in the Designation of Successor Beneficiary Section.

\_\_\_\_\_ Signature of Beneficiary's Spouse      \_\_\_\_\_ Date      \_\_\_\_\_ Signature of Witness      \_\_\_\_\_ Date

**Additional Information:**

Purpose: The Non-Qualified Successor Beneficiary form is designed to assist you in selecting or changing the current successor beneficiary designation for the non-qualified annuity for which you are the current beneficiary. This form is designed for use after a non-qualified annuity Owner's death.

Additional Documents: Applicable law or the policies of the non-qualified annuity custodian/trustee may require additional documentation.

For Additional Guidance: It is in your best interest to seek the guidance of your tax or legal professional before completing this form because of the potentially significant financial and estate planning consequences associated with beneficiaries naming successor non-qualified annuity beneficiaries. For more information, refer to Internal Revenue Code (IRC) Section 72(s)(1), your local IRS office or the IRS's web site at [www.irs.gov](http://www.irs.gov).

**Signatures:**

I certify that the information provided on this form is accurate and complete. I hereby agree to the terms and conditions set forth herein. I agree that I am responsible for any claims that may arise as a result of my selections, including naming successor beneficiaries. I agree that the custodian/trustee cannot give me legal advice and that I should seek guidance from a legal professional because of the issues surrounding a non-qualified annuity beneficiary naming a successor beneficiary to a non-qualified annuity. I release the custodian/trustee from and indemnify the custodian/trustee for all claims that may arise from my actions related to this form.

\_\_\_\_\_ Signature of Beneficiary      \_\_\_\_\_ Date      \_\_\_\_\_ Signature of Custodian/Trustee      \_\_\_\_\_ Date