



Banner Life Insurance Company
 Attention: Retirement Services
 3275 Bennett Creek Avenue
 Frederick, Maryland 21704
 (800) 664-6129

**RETIREMENT ANNUITY
 BENEFICIARY DESIGNATION FORM**

Annuitant: _____

Certificate Number: _____

Check to Apply Change to All Certificates:

Any certificate proceeds payable upon the death of the annuitant will be paid to the beneficiaries named herein. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries. All prior revocable designations of beneficiaries are hereby revoked. If you have multiple certificates for which you do not wish to designate the same beneficiary, please complete a separate form for each certificate.

1. Beneficiary Designation

If additional space is needed, please attach a separate page, signed and dated. Social Security Number (SSN) or Tax ID # or Date of Birth are REQUIRED. Please print clearly.

Name _____	SSN or Tax ID # _____
Address _____	Date of Birth _____
Address _____	Telephone # _____
City _____	% Share _____
State/Province _____	Relationship to Annuitant _____
Zip/Postal Code _____ Country _____	

Name _____	SSN or Tax ID # _____
Address _____	Date of Birth _____
Address _____	Telephone # _____
City _____	% Share _____
State/Province _____	Relationship to Annuitant _____
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Name _____	SSN or Tax ID # _____
Address _____	Date of Birth _____
Address _____	Telephone # _____
City _____	% Share _____
State/Province _____	Relationship to Annuitant _____
Zip/Postal Code _____ Country _____	



2. Signature

No proceedings in bankruptcy or insolvency, voluntary or involuntary, are pending against the undersigned, nor is the undersigned under guardianship or any other legal disability. This designation shall be invalid if the person making it does not have the right to change the beneficiary under the certificate specified. Any payment made by Banner Life Insurance Company in good faith pursuant to the foregoing designation shall fully discharge Banner Life Insurance Company of its liability under the certificate.

_____		_____		_____
Print Annuitant's Name		Signature of Annuitant/Title		Date
_____		_____		
Address		Telephone Number		
_____		_____		
Address		Email Address		
_____		_____		_____
City		Additional Signature (if required - see below)		Date
_____		_____	_____	
State/Province		Zip/Postal Code	Country	

For **MA** residents, state law requires that a disinterested adult who is not a party to the certificate witness this request.

AZ, CA, ID, LA, NV, NM, TX, WA, WI, and Puerto Rico are community property law states. These laws may apply depending on your current marital status, marital status at the time of certificate issuance, state where your certificate was issued, residence state at time of issuance, and residence state(s) since issuance. Consult with your legal or tax advisor to determine whether these laws apply to you and whether a spousal signature is required on this form. Banner Life Insurance Company disclaims any responsibility for determining the applicability of community property laws or the validity of the requested change.

To insure your request is processed without delay, please make sure the following have been completed:

- Did the Annuitant sign and date the form?
- Did you provide the SSN or Tax ID #, Telephone # and Date of Birth for all beneficiaries?
- Do the percentage totals equal 100%?
- Did you include an additional signature if applicable?
- If you designated more than 5 beneficiaries, did you attach an additional page signed and dated?
- If a trust is listed as a beneficiary, did you enclose the title and signature page of the trust document?

BENEFICIARY DESIGNATION INFORMATION

The beneficiary designation form is an IMPORTANT DOCUMENT. Please read the following carefully. If multiple beneficiaries are named and no percentage distribution is noted, then any proceeds payable to such beneficiaries will be split equally amongst all living beneficiaries. Unless otherwise specified, if there is more than one beneficiary, and one predeceases the Annuitant, benefits will be paid to the surviving beneficiaries according to their respective interests. If no beneficiaries survive the Annuitant, benefits will be paid to the Annuitant's estate. Beneficiary designation changes may have legal or tax consequences, please consult your legal or tax advisor to discuss your individual needs. Once received, this beneficiary designation will replace all prior designations.

Contact Information:

Banner Life Insurance Company
Attention: Retirement Services
3275 Bennett Creek Avenue
Frederick, Maryland 21704

1-800-664-6129 (toll free)
1-301-810-4845 (direct dial)
1-301-810-4889 (fax)
retirementservices@lgamerica.com
Faxed, emailed or mailed copies will be accepted.

