

Amendment to Multi-Year Guaranteed Annuity Application



MERIT LIFE INSURANCE CO. | 1900 SOUTH BLVD., SUITE 300 | CHARLOTTE, NC 28203 | 833-637-4854

General Information

This form may be used to correct or amend the information in an application before the contract is issued. If you need to change the information in an issued contract, please use the Annuity Change Form or Beneficiary Change form.

Changes are considered effective when they are received, deemed in good order and acknowledged by us in writing.

1. Application Information

Application Number	Applicant Name
Agent Name and ID (if applicable)	

2. Requested Amendment

Please describe the amendment or correction in detail including the specific section of the application where the information appears (or should appear).

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3. Reason for Amendment

Explain why the amendment is needed e.g., clerical error, updated information, allocation adjustment, beneficiary change.

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4. Authorization and Signature

By signing this form, I agree to the request made in this form and authorize Knighthead Life to act on the instructions herein. I understand that it is my responsibility to promptly notify Knighthead Life of any future changes.

Applicant Signature	Date (mm/dd/yyyy)
Title (if applicable)	
Agent Signature	Date (mm/dd/yyyy)

This form can be submitted via:
U.S. or Overnight Mail
Knighthead Life
1900 South Boulevard, Suite 300
Charlotte, NC 28203

Fax: 980-431-5237 or Via Email: customerservice@knightheadinsurance.com

For any questions, please contact our National Operations Center at: (833) 637-4854