

Change of Beneficiary Request



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

General Information:

This form may be used to change the primary or contingent beneficiary designation or remove existing contingent beneficiaries. If you need to correct beneficiary information, please complete the Annuity Change Request Form.

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

1: Contract Owner Information

Please provide all information requested in this section.

Contract Number	Contract Owner's Telephone Number	Best Time To Call: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Contract Owner's Name		Contract Owner's Date of Birth
Joint Contract Owner's Name (if applicable)		Join Contract Owner's Date of Birth
Residential Address		
City/Town	State	Zip Code
Mailing Address (if different from above)		
City/Town	State	Zip Code
Contract Owner's Email Address		

2: Beneficiary Change

- Contract holders are encouraged to name one or more contingent beneficiaries to the Contract in order to plan for the possibility that a primary beneficiary has predeceased the annuitant. Please carefully review your decisions and clearly identify intended beneficiaries.
- If none of the names beneficiaries are living or this designated is ineffective, proceeds will be paid to the owner's estate. If you name a trust as the Beneficiary, submit a copy of the trust for our records.
- Percentages must be in whole percentages and equal to 100% for Primary and 100% for Contingent, if any.
- All designations are treated as revocable unless otherwise indicated. If neither "Contingent" nor "Primary" is selected, we will treat any beneficiary as Primary.

If you require additional space, please complete and submit the Beneficiary Designations Continued form.

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Individual, Company or Trust Name		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage
Telephone	Email		
Social Security Number/Tax ID		Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Proposed Owner:		Relationship to Proposed Annuitant:	
Address			
City/Town		State	Zip Code

Individual, Company or Trust Name		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage
Telephone	Email		
Social Security Number/Tax ID		Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Proposed Owner:		Relationship to Proposed Annuitant:	
Address			
City/Town		State	Zip Code

Individual, Company or Trust Name		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage
Telephone	Email		
Social Security Number/Tax ID		Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Proposed Owner:		Relationship to Proposed Annuitant:	
Address			
City/Town		State	Zip Code

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Individual, Company or Trust Name		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage
Telephone	Email		
Social Security Number/Tax ID		Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Proposed Owner:		Relationship to Proposed Annuitant:	
Address			
City/Town		State	Zip Code

3: Authorization and Signatures

Important Notes:

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 notify Knighthead Life of any future changes to my beneficiaries.

Owner/POA/Trustee Signature	Title (if applicable)	Date (mm/dd/yyyy)
Joint Owner/POA/Trustee Signature (if applicable)	Title (if applicable)	Date (mm/dd/yyyy)
Irrevocable Beneficiary's Signature (if applicable)	Title (if applicable)	Date (mm/dd/yyyy)
Spouse's Signature (Required in the following community property states: AZ,CA,ID,LA,NM,NV,TX,WA,WI)		Date (mm/dd/yyyy)
Or check here if applicable <input type="checkbox"/> Not Married		

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Beneficiary Type		Beneficiary Name		Relationship	
%	SSN	Date of Birth (mm/dd/yyyy)		Gender	

Beneficiary Type		Beneficiary Name		Relationship	
%	SSN	Date of Birth (mm/dd/yyyy)		Gender	

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%	SSN	Date of Birth (mm/dd/yyyy)		Gender	

This form can be submitted via:

U.S. or Overnight Mail:
Knighthead Life, 1900 South Boulevard, Suite 300
Charlotte, NC 28203

Fax: 704-973-5679 or Via Email: customerservice@knightheadinsurance.com

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