Beneficiary Form Continued



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

Beneficiary (Primary a	and Contingent) percenta	ages from this pag	ge and the application mus	t equal 100%.	
Individual, Company	or Trust Name				y Percentage gent
Telephone	Email			·	
Social Security Numl	per/Tax ID	Birthda	ate (MM/DD/YYYY)		Gender
Relationship to Propo	osed Owner		Relationship to Proposed A	Annuitant	
Address					
City			State	Zip	
Individual, Company				Primar Contin	-
Telephone	Email				
Social Security Numl	per/Tax ID	Birthda	ate (MM/DD/YYYY)		Gender F
Relationship to Proposed Owner		•	Relationship to Proposed Annuitant		
Address					
City			State	Zip	
Individual, Company	or Trust Name			Primar Contin	-
Telephone	Email				
Social Security Numl	per/Tax ID	Birthda	ate (MM/DD/YYYY)		Gender M F
Relationship to Propo	osed Owner	·	Relationship to Proposed Annuitant		
Address					
City			State	Zip	

Beneficiary Form Continued



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Individual, Company or	Prim Con	nary Percentage tingent			
Telephone	Email				
Social Security Number/Tax ID		Birthdate (MM/DD/YYYY)		Gender	
Relationship to Propose	ed Owner	Relationship to	Relationship to Proposed Annuitant		
Address					
City		State	Zip		
		·			
Owner Signature		Date			
X					
Joint Owner Signature	Date				
X					