

Annuity Change Request



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

General Information

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

This form to be used for the following requests:

- Change an address
- Change a name
- Change the annuitant
- Remove, add or change a joint annuitant
- Correct a date of birth
- Correct a Social Security Number or Tax Identification Number
- Request a replacement contract

1. Ownership Information

Contract Number	Preferred Contact Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Owner (First, Middle, Last)	Date of Birth	
Joint Owner (if applicable)	Joint Owner's Date of Birth	
Residential Address		
City/Town	State	Zip Code
Mailing Address (if different from above)		
City/Town	State	Zip Code
Owner's Email Address		

2. Address Change

Please choose one: <input type="checkbox"/> Owner <input type="checkbox"/> Joint Owner <input type="checkbox"/> Annuitant <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary		
Residential Address		
City/Town	State	Zip Code
Mailing Address (if different from above)		
City/Town	State	Zip Code
Owner's Email Address	Preferred Contact Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	

3. Name Change

Do not use this form to:

- Change the ownership of this contract. Please complete the Non-Qualified Ownership Change form or the Qualified Ownership Change form.
- Change your beneficiary designation(s). Please complete the Change of Beneficiary form.

Please choose one: <input type="checkbox"/> Owner <input type="checkbox"/> Joint Owner <input type="checkbox"/> Annuitant <input type="checkbox"/> Joint Annuitant <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	
Reason for Change (Please choose one): <input type="checkbox"/> Marriage (please attach a copy of marriage certificate) <input type="checkbox"/> Divorce (please attach a copy of divorce decree) <input type="checkbox"/> Spelling Correction <input type="checkbox"/> Other (please attach a copy of court documents)	
Former Name (<i>First, Middle, Last</i>)	
Signature (former name)	
New Name (<i>First, Middle, Last</i>)	
Signature (new name)	
Date Name Changed	

All legal documents submitted will be used for validation purposes only.

4. Change the Annuitant

Important Notes:

- Annuitant changes are not permitted:
 - If the contract owner is a non-natural owner
 - After the contract has annuitized
 - If the contract is a Roth IRA, SEP IRA, Traditional IRA or issued in connection with a funded retirement plan
- To help the government fight the funding of terrorism and money laundering activities, we ask you to provide us with the name, address, date of birth, social security number, and other information that identifies your annuitant. We may verify this information through various public databases.

I want to:			
<input type="checkbox"/> Remove a Joint Annuitant		<input type="checkbox"/> Change the Joint Annuitant	
Name of New Annuitant or Name of Annuitant to be Removed			
Date of Birth	Social Security No./Tax Identification No.	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien Citizen Of _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Contract Owner			
Residential Address			
City/Town		State	Zip Code
Mailing Address (if different from above)			
City/Town		State	Zip Code
Email Address			Phone Number

5. Date of Birth Correction

Please choose one:	
<input type="checkbox"/> Owner <input type="checkbox"/> Joint Owner <input type="checkbox"/> Annuitant <input type="checkbox"/> Joint Annuitant <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	
From (mm/dd/yyyy)	To (mm/dd/yyyy)

Please attach a copy of legal documentation of the birth date to this form (i.e. birth certificate, driver's license, or passport)

6. Social Security Number or Tax Identification Number Correction

Please choose one:

Owner
 Joint Owner
 Annuitant
 Joint Annuitant
 Primary Beneficiary
 Contingent Beneficiary

From	To
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A copy of a W-9 tax form must accompany this request. You can obtain this form by calling our National Operations Center at (833) 637-4854 or at the Internal Revenue Service website at www.irs.gov.

7. Duplicate Contract Request

I am not able to find the contract listed above. I request that the Company issue a replacement copy.

8. Required Signature(s)

Important Notes:

- If there are joint contract owners, both owners must sign below.
- A signature guarantee may be requested if we are unable to verify an owner's signature.
- If the contract owner is listed as a Trust, you must submit the Trustee Certification and Indemnity form.
- If a Power of Attorney (POA) is signing on behalf of the contract owner, you must obtain a signature guarantee and submit a recent copy of the POA agreement unless it is already on file. This agreement must be current, notarized, and signed by the contract owner and two witnesses.
- If the contract owner is listed as a company, an officer of the company must sign as a contract owner. The most recent Corporate Resolution must be submitted to us unless it is already on file.
- By signing below, I acknowledge this request is subject to the provisions of my contract and Knighthead Life may request additional information in order for my request to be processed.

Owner/POA/Custodian/Trustee Signature	Title (if applicable)	Date (mm/dd/yyyy)
Joint Owner/POA/Co-Trustee Signature (if applicable)	Title (if applicable)	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