

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 Inf						
Please provide all informa	tion requested in this section.					
Contract Number	Contract Owner's Telephone N	Contract Owner's Telephone Number				
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 diffe	erent from above)					
City/Town		State		Zip Code		
Contract Owner's Ema	il Address	I				

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							
Social Security Number/Tax ID Birthdate (mm/dd/yyyy) Gender M F	Individual, Company or Trust Name			_	Percentage		
Relationship to Proposed Owner: Address City/Town State Zip Code Individual, Company or Trust Name Primary Percentage Contingent Telephone Email Social Security Number/Tax ID Birthdate (mm/dd/yyyy) Relationship to Proposed Owner: Address City/Town State Zip Code Individual, Company or Trust Name Primary Relationship to Proposed Annuitant: Address City/Town State Zip Code Individual, Company or Trust Name Primary Contingent Relationship to Proposed Annuitant: Address Social Security Number/Tax ID Birthdate (mm/dd/yyyy) Relationship to Proposed Annuitant: Address Relationship to Proposed Annuitant: Address Relationship to Proposed Annuitant: Address	Telephone	Email					
Address City/Town State Zip Code Individual, Company or Trust Name Email Social Security Number/Tax ID Birthdate (mm/dd/yyyy) Gender M F Relationship to Proposed Annuitant: Address City/Town State Zip Code Individual, Company or Trust Name Percentage Contingent Felephone Email State Zip Code Individual, Company or Trust Name Birthdate (mm/dd/yyyy) Gender M F Relationship to Proposed Annuitant: Address Relationship to Proposed Annuitant: Relationship to Proposed Annuitant: Address	Social Security Number/Tax ID						
City/Town State Zip Code Individual, Company or Trust Name Primary Contingent	Relationship to Proposed Owner:		Relationship to Proposed Annuitant:				
Individual, Company or Trust Name Primary	Address		•				
Telephone Email Social Security Number/Tax ID Birthdate (mm/dd/yyyy) Gender M F Relationship to Proposed Owner: Relationship to Proposed Annuitant: Address City/Town State Zip Code Individual, Company or Trust Name Primary Contingent	City/Town			State	Zip Code		
Social Security Number/Tax ID Birthdate (mm/dd/yyyy) Gender M F Relationship to Proposed Annuitant: Address City/Town State Zip Code Individual, Company or Trust Name Percentage Telephone Email Social Security Number/Tax ID Birthdate (mm/dd/yyyy) Gender Contingent Fercentage Cender M F Relationship to Proposed Annuitant: Address	Individual, Company or Trust Name			I —	Percentage		
Relationship to Proposed Owner: Address City/Town State Zip Code Individual, Company or Trust Name Primary Percentage Contingent Percentage Perce	Telephone	Email			•		
Address City/Town State Zip Code Individual, Company or Trust Name Primary Contingent Telephone Email Social Security Number/Tax ID Birthdate (mm/dd/yyyy) Gender M F Relationship to Proposed Owner: Address	Social Security Number/Tax ID		Birtl	ndate (mm/dd/yyyy)			
City/Town State Zip Code Individual, Company or Trust Name Primary Percentage Contingent Telephone Email Social Security Number/Tax ID Birthdate (mm/dd/yyyy) Gender M F Relationship to Proposed Owner: Address	Relationship to Proposed Owner:		Relationship to Proposed Annuitant:				
Individual, Company or Trust Name Primary Percentage	Address		·				
Telephone Email	City/Town			State	Zip Code		
Social Security Number/Tax ID Birthdate (mm/dd/yyyy) Gender M F Relationship to Proposed Owner: Address	Individual, Company or Trust Name			_	Percentage		
Relationship to Proposed Owner: Relationship to Proposed Annuitant: Address	Telephone	Email					
Address	Social Security Number/Tax ID	·	Birtl	ndate (mm/dd/yyyy)	I — —		
	Relationship to Proposed Owner:		Relatio	Relationship to Proposed Annuitant:			
City/Town State Zip Code	Address						
	City/Town			State	Zip Code		



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Individual, Company or Trust Name					D	
Individual, Company or Trust Name				Primary Contingent	Percentage	
Telephone Email				Contingent		
relepitorie	Liliali					
Social Security Number/Tax ID			Rirtho	late (mm/dd/yyyy)	Gender	
Social Security Nathbell Tax ID			Birtire	iate (iTiiTi/aa/yyyy)	M DF	
Relationship to Proposed Owner:			Relationship to Proposed Annuitant:			
Address						
City/Town			S	tate	Zip Code	
3: Authorization and Signatures						
Important Notes:						
By signing this form, I agree to the reque	st made in this form	n and authori	ze Kniaht	head Life to act on the	instructions herein Tunders	tand
that it is my responsibility to notify Knigh			_		instructions referri. Furnacis	taria
			5			
Owner/POA/Trustee Signature		Title (if a	nnlicable	2)	Date (mm/dd/yyyy)	
Tustee Signature		Tricle (ii a)	ррпсаыс	-)	Date (mm/dd/yyyy)	
Joint Owner/POA/Trustee Signature (if applicable)		Title (if a	nnlicable	2)	Date (mm/dd/yyyy)	
Total Covincial On Trustee Signature	(паррпеавіс)	Tree (ii a)	pplicable	•)	Date (ITIIT/QQ/yyyy)	
Irrevocable Beneficiary's Signature (if applicable)		Title (if a	pplicable	<i>i</i>)	Date (mm/dd/yyyy)	
	аррисавто,	1.1.0.0 (0)	pp	-1	Date (ITIIT), aa, yyyyy	
L Spouse's Signature (Required in the following community properly states: AZ,CA,ID,LA,NM,NV,TX,WA,WI)					,WI) Date (mm/dd/yyyy)	
		, 1 1	,	, , , , , , ,	, , , , , , , , , , , , , , , , , , ,	
Or check here if applicable					<u>'</u>	
Not Married						



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Beneficiary Type		Beneficiary Name		Relationship		
%	SSN		Date of Birth (mm/dd/yyyy)		Gender	
Beneficiary	Туре	Beneficiary Nar	me	Relationship		
%	SSN		Date of Birth (mm/dd/yyyy)		Gender	
Beneficiary Type Beneficiary I		Beneficiary Nar	me	Relationship	Relationship	
%	SSN		Date of Birth (mm/dd/yyyy)	I	Gender	
Beneficiary Type Beneficiary N		Beneficiary Nar	me	Relationship	Relationship	
%	SSN	'	Date of Birth (mm/dd/yyyy)	· · · · · · · · · · · · · · · · · · ·	Gender	
Beneficiary Type Beneficiary		Beneficiary Nar	me	Relationship	<u> </u>	
%	SSN		Date of Birth (mm/dd/yyyy)		Gender	
Beneficiary Type Beneficiary I		Beneficiary Nar	me	Relationship	Relationship	
%	SSN		Date of Birth (mm/dd/yyyy)		Gender	
Beneficiary Type Beneficiary		Beneficiary Nar	me	Relationship		
%	SSN	1	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