

Beneficiary Form Continued



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

Beneficiary (Primary and Contingent) percentages from this page and the application must equal 100%.

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	State	Zip	

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	State	Zip	

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	
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Owner Signature X	Date
Joint Owner Signature X	Date