



MEMBER REQUEST TO CHANGE ANNUITY PLANS

Assembly#: _____

Number(s) _____

Of Certificate(s) _____

Being Changed _____

YOUR OLD CERTIFICATE BEING CHANGED MUST BE ATTACHED TO THIS FORM

I, _____ do hereby request and direct that the above annuity(ies) be changed to one
(Member's Name)

of the following annuity plans:

New Certificate #(s): _____

Preferred 5 Deferred Annuity Preferred 8 Deferred Annuity OptimumChoice

Preferred 5 IRA Preferred 8 IRA

Preferred 5 Roth IRA Preferred 8 Roth IRA

Preferred 5 Coverdell ESA Preferred 8 Coverdell ESA

I fully understand and agree that the benefit due my beneficiary(ies), should death occur, will be paid in accordance with the terms of my certificate(s) to be used in this instance.

Birthdate / / Current Age Social Security # - - Phone (area code) + -

Additional amount remitted with this request \$ Total \$

Primary Beneficiary(ies)

Name _____ Relationship _____

Address _____

Name _____ Relationship _____

Address _____

Contingent Beneficiary(ies)

Name _____ Relationship _____

Address _____

Name _____ Relationship _____

Address _____

THE OLD CERTIFICATE BEING CHANGED MUST BE ATTACHED

Approved By:

Underwriter _____ / _____ / 20
Month Day Year

National President _____
Witness

National Secretary-Treasurer _____
Agent

Member Information

Member Signature _____

Address _____

City _____ State _____ Zip Code _____