

Aurora National Life Assurance Company, NAIC 61182, PO Box 4336, Clinton, IA 52733-4336 • Telephone (800) 265-2652

**INSTRUCTIONS:** The Annuity Owner may use this form to request action by the Company. Check the appropriate squares and supply information indicated. **To prevent delay, please obtain signature guarantee or notarization.**

For assistance, please contact the Annuity Department at (800) 265-2652.

DATE	ANNUITANT NAME	OWNER(S) NAME
ANNUTY NUMBER	OWNER'S DATE OF BIRTH	OWNER'S SOCIAL SECURITY OR TAX ID NUMBER

I hereby request and direct the Company to **change** this Annuity as follows:

Owner's Address <input type="checkbox"/>	Change address to:	STREET ADDRESS			
		CITY	STATE	ZIP CODE	
Primary Beneficiary <input type="checkbox"/>	NEW PRIMARY BENEFICIARY'S NAME		DATE OF BIRTH OR DATE OF TRUST		RELATIONSHIP TO ANNUITANT
	ADDRESS		CITY	STATE	ZIP CODE
Contingent Beneficiary <input type="checkbox"/>	NEW CONTINGENT BENEFICIARY'S NAME		DATE OF BIRTH OR DATE OF TRUST		RELATIONSHIP TO ANNUITANT
	ADDRESS		CITY	STATE	ZIP CODE
Primary Owner <input type="checkbox"/>	NEW OWNER'S NAME (See Additional Instructions)				
	ADDRESS		CITY	STATE	ZIP CODE
	SOCIAL SECURITY OR TAX ID NUMBER		DATE OF BIRTH OR DATE OF TRUST		TELEPHONE NO.
	SPOUSAL JOINT OWNER (With rights of survivorship unless otherwise stated)			SPOUSAL JOINT OWNER SOC. SEC. NO.	
	NEW OWNER(S) OR TRUSTEE(S) SIGNATURE (Must be notarized) <b>X</b>			SPOUSAL JOINT OWNER DATE OF BIRTH (MM/DD/YYYY)	
Contingent Owner <input type="checkbox"/>	NEW CONTINGENT OWNER'S NAME				
	ADDRESS		CITY	STATE	ZIP CODE
	SOCIAL SECURITY OR TAX ID NUMBER		DATE OF BIRTH OR DATE OF TRUST		TELEPHONE NO. (optional)
Legal Name Change <input type="checkbox"/>	CHANGE NAME OF Annuitant <input type="checkbox"/> Owner <input type="checkbox"/> Payee <input type="checkbox"/> Contingent Annuitant <input type="checkbox"/> Contingent Owner <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary				
	CHANGE NAME FROM:		TO:		
	REASON FOR CHANGE		NEW SIGNATURE (Submit legal proof- I.e., marriage certificate, to facilitate processing)		

### FOR DEFERRED ANNUITIES ONLY

Deferral <input type="checkbox"/>	PLEASE DEFER MATURITY DATE TO: (Cannot defer past Annuitant's age 85) _____/_____/____ (MM/DD/YY) or AGE _____			
Contingent Annuitant <input type="checkbox"/>	NEW CONTINGENT ANNUITANT'S NAME (Must be Individual)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	ADDRESS		CITY	STATE ZIP CODE
	SOCIAL SECURITY OR TAX ID NUMBER		DATE OF BIRTH (MM/DD/YY)	TELEPHONE NO.

### FOR IMMEDIATE ANNUITIES ONLY

Payee <input type="checkbox"/>	PAYEE NAME		SOCIAL SECURITY NUMBER	
	ADDRESS		CITY	STATE ZIP CODE
	FOR DIRECT DEPOSIT ONLY: BANK NAME			ACCOUNT NUMBER
	BANK ADDRESS		CITY	STATE ZIP CODE
Withholding <input type="checkbox"/>	MUST BE COMPLETED IF OWNER CHANGE ABOVE IS AN IMMEDIATE ANNUITY (See additional instructions) <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT Want Federal and State Income Tax withheld from each payment.			

**SIGNATURES REQUIRED on page 2**

**INSTRUCTIONS**

I agree that any change requested shall be subject to the provisions of the Annuity and approval by the Company. Following completion of all requirements the requested changes made by this request shall constitute a supplement to the original application for the Annuity and shall form a part of the Annuity.

X \_\_\_\_\_  
**OWNER(S) SIGNATURE** (Required for any of the above changes)

X \_\_\_\_\_  
**SPOUSAL JOINT OWNER SIGNATURE** (If applicable)

\_\_\_\_\_  
**OWNER(S) TELEPHONE NUMBER**

**NOTARIAL ACKNOWLEDGMENT**

State of \_\_\_\_\_ )  
 ) ss.  
 County of \_\_\_\_\_ )

On \_\_\_\_\_, 20\_\_\_\_ before me, \_\_\_\_\_ Notary Public, personally appeared \_\_\_\_\_ personally known to me (or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (SEAL)

**ADDITIONAL INSTRUCTIONS**

1. After completing the date, annuitant name, owner name and annuity number, complete ONLY those sections you wish to change. Complete one form for every annuity number.
2. If space provided on the form is not adequate, provide additional information on a separate sheet, dated and signed by the Owner(s).
3. **Delete** - To delete a designation, check the appropriate box and write "DELETE" in the area provided for name.
4. **Address** - In this area indicate permanent changes of the Owner's address only. If the change has not yet occurred, please indicate the date the new address will be effective.
5. **Contingent Annuitant** - If the annuitant's age was over 72 at issue, the contingent annuitant may be changed but not deleted on a deferred annuity.
6. **Change of Owner** - If a change of owner(s) is requested, both the current owner and new owner signatures must be present. The new owner's signature must be notarized or signature guaranteed. The new owner must also complete the box titled "Withholding" for an immediate annuity.
7. If the annuity was purchased with tax-qualified money (IRA, pension plans, etc.), the contingent annuitant and contingent owner designations are not available.
8. **Second-Party Owner** - If the signature of the owner is by a second party, supporting legal documentation should be attached (i.e., certified Letters of Guardianship, certified Power of Attorney, etc.)
9. **Death of Owner** - If the Owner change is being requested because of the death of current Owner, attach a certified copy of the death certificate. If no contingent owner was previously designated, contact the company for additional requirements.
10. **Payee** - Complete the Payee section only if checks are to be directed to a party other than the one currently receiving them. For your information, the owner will be responsible for reporting any taxable income.
11. **Withholding** - You may change your election at any time by notifying the company in writing. Withholding will only apply to the portion of each payment that is included in your gross income and subject to Federal income tax. If you elect withholding or leave this section blank, we will assume you have a spouse and three dependents as required by law, unless you submit a completed IRS form W-4P. An election for Federal income tax will be considered an election for state income tax unless otherwise indicated.