

Aurora National Life Assurance Company • PO Box 202260, Austin, TX 78720-2260 • Telephone (800) 265-2652

			CERTIFICATE/CONTRACT NUMBER	
FORMER EMPLOYER	DIVISION OR SUBSIDIARY		GROUP NUMBER	
HOURLY or SALARIED	HIRE DATE (required)	TERM DATE (required)	ANNUITANT SOCIAL SECURITY NUMBER	
ANNUITANT NAME			ANNUITANT DATE OF BIRTH / /	SEX
ADDRESS (Street, City, State, Zip)				

Please indicate by checking the appropriate box below as to the **marital** status of the Annuitant:

Married? ☐ Yes ☐ No If yes, please complete spousal information below. If spouse is deceased, please provide copy of death certificate.

Divorced? ☐ Yes ☐ No If yes, please complete spousal information below. If yes, please provide copy of divorce decree if divorce effective after 1984.

SPOUSE'S NAME		SPOUSE'S DATE OF BIRTH / /	SEX
DATE OF MARRIAGE		SOCIAL SECURITY NUMBER	

I hereby request the Retirement Benefit to commence on ____/____/____
MONTH, DAY, YEAR

To the best of my knowledge the above information is true and correct.

ANNUITANT'S SIGNATURE	DATE	ANNUITANT PHONE NUMBER ()
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STATE OF _____) County of _____): ss. On _____, 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 _____	NOTARIAL ACKNOWLEDGMENT (SEAL)
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