



AuguStarSM Life Insurance Company
AuguStarSM Life Assurance Corporation

Beneficiary Change Request

Form # V-4614

(Includes Beneficiary Change Request Information,
Form V-4614-A)

Regular Mail

AuguStar Financial
P.O. Box 5308
Cincinnati, OH 45201-5308

Overnight Delivery

AuguStar Financial
4526 Cornell Rd
Blue Ash, OH 45241

Fax: 513.794.4730

Email: documentcenter@augustarfinancial.com

Phone: 888.925.6446

Website: augustarfinancial.com

Beneficiary Change Request

(For use updating beneficiaries on an existing annuity contract)

Annuity Contract Number: _____

Annuitant Name: _____

Owner Name: _____

Beneficiary Information

NOTE: You **MUST PROVIDE** information for **both** primary and contingent beneficiaries. If you are adding or changing the Contingent Beneficiary(ies), please **restate** the Primary Beneficiary(ies). Likewise, if you are changing the Primary Beneficiary(ies), please **restate** the Contingent Beneficiary(ies).

If there are more beneficiaries than slots provided of pages 1 and 2 of this form, please supply additional pages listing those individuals, and **all** the information requested below for each beneficiary, including details regarding any beneficiary restrictions. All attachments submitted in conjunction with this Beneficiary Change Request form **must** reference the **Contract Number and be signed and dated the same day as this form.**

A) Primary Beneficiary Contingent Beneficiary Percentage: _____%

Name (Print) _____

Address: _____
Street City State Zip Code

Relationship to Annuitant/Owner: _____

Phone Number: _____ Email: _____

Date of Birth: _____ SSN* TIN _____

B) Primary Beneficiary Contingent Beneficiary Percentage: _____%

Name (Print) _____

Address: _____
Street City State Zip Code

Relationship to Annuitant/Owner: _____

Phone Number: _____ Email: _____

Date of Birth: _____ SSN* TIN _____

Additional beneficiaries can be provided on page 2.

Community Property Interest

This Contract is subject to a community property interest. Please review the following criteria to determine Community Property Interest:

- You are married.
- During your marriage you resided in **AK, AZ, CA, ID, LA, NM, NV, PR, TX, WA, or WI.**
- If a community property interest exists and you have not named your spouse as the sole primary beneficiary.

If all the above is true, then you **must** have your spouse sign below, before a notary public to waive his or her rights to the proceeds of the Contract. If the space for consent below is not signed, then AuguStar shall be entitled to rely in good faith that no community property interest exists. In consideration thereof and of AuguStar’s acknowledgment of this beneficiary designation, you, for yourself and your estate, heirs, beneficiaries, successors and assigns, agree to indemnify AuguStar and hold it harmless from any claims that may arise by virtue of AuguStar’s acceptance of the beneficiary designation above and payment of any claim made in accordance with such designation.

IMPORTANT NOTE: This section **only** needs to be notarized if there is a Community Property Interest as described above.

Please select **one** option below:

I am not married and have never been married.
(If selecting this option, a notary is **not** required.)

I am divorced/widowed.
NOTE: If you previously named your spouse as a beneficiary under this contract but that spouse no longer has a Community Property Interest in the Contract by reason of death, divorce, etc. documentation (e.g. Death Certification, Divorce Decree, etc.) of such is required. Please consult your legal and/or tax advisor for additional information regarding your individual situation.
(If selecting this option, a notary is **not** required, but additional documentation **is** required.)

I am currently married but **have not lived** in one of the Community Property Interest states identified above during my marriage.
(If selecting this option, a notary is **not** required.)

I am currently married and **have lived** in one of the community property interest states identified above during my marriage.
(Signature of spouse is required below and must be accompanied by a notary seal.)

Signature of Spouse _____ Date: _____

Notarization

State of: _____ Country of: _____

Subscribed and sworn to me before me on this _____ day of _____, 20____, I, the undersigned, a Notary Public in and for said County in the state aforesaid, Do Hereby Certify that _____
Name of contract owner’s spouse

personally appeared and proved to me through satisfactory evidence of identity to be the person(s) whose name(s) was/were signed above in my presence.

(Affix seal here)

Notary Public Signature

Printed Name of Notary Public

Commission Expiration Date

Additional Information

- If your Contract has the Guaranteed Lifetime Withdrawal Benefit Rider, additional documents may be required. Please refer to your Contract for more details.
- AuguStar, in ascertaining any beneficiaries not specifically named, shall be entitled to rely upon an affidavit and any payments made in reliance upon such affidavit shall relieve the Company from any further liability to any person whomsoever.
- If the beneficiary is not a natural person (e.g. Trust or corporation), AuguStar's sole responsibility is to pay the designated beneficiary and has no other obligation for payment of the proceeds. Settlement Options may be limited when an entity other than a natural person (e.g. Trust, Estate) or a minor child is named as the beneficiary of the Contract. Please refer to your Contract and/or contact your financial professional.
- If your spouse is designated as the beneficiary and there is a subsequent divorce, the former spouse's entitlement to any claim proceeds may be affected by the terms of the divorce decree (or similar document) or by state law which may automatically revoke the beneficiary designation. Additional documentation may be required.
- The words "children of annuitant" shall include only children born of the marriage of the annuitant and spouse and children legally adopted by the annuitant. The word "children" whenever used herein shall not be construed as having the broad meaning of descendants.
- If settlement or payment is to be to a class of more than one person, unless otherwise provided herein, they shall take share and share alike, the survivors or survivor.

All attachments submitted in conjunction with this Beneficiary Change Request must be signed and dated the same day as this form.

Signatures

Signature** of Owner***: _____

Date: _____

Owner Name (Print): _____

Daytime Phone: _____

Signature** of Joint Owner*** (if applicable) _____

Date _____

Joint Owner Name (Print): _____

*Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete. I have not been notified by the Internal Revenue Service that I am subject to withholding for under-reporting under Section 3406(a)(1)(c). I am a U.S. citizen or a U.S. resident alien.

**If you are signing pursuant to a power-of-attorney, guardian, or conservator, you must indicate this after the signature (e.g., Attorney-in-Fact, Guardian, Conservator, etc.)

*****Certification:** I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I am an authorized signatory thereof and that this request is being submitted in my capacity as an authorized signatory of the trust, custodial account, corporation or partnership. The above-signed hereby agrees, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless AuguStar Life Insurance Company, each of its subsidiaries, agents, employees and directors against any and all claims, liabilities, damages, demands, actions, controversies, charges, expenses and losses sustained or incurred by AuguStar's actions in making the change requested above and release the same from any liability arising from the execution of this transaction.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.



AuguStarSM Life Insurance Company
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Beneficiary Change Request
Information Sheet
Form # V-4614-A

Regular Mail	Overnight Delivery	Fax: 513.794.4730
AuguStar Financial	AuguStar Financial	Email: documentcenter@augustarfinancial.com
P.O. Box 5308	4526 Cornell Rd	Phone: 888.925.6446
Cincinnati, OH 45201-5308	Blue Ash, OH 45241	Website: augustarfinancial.com

Beneficiary Change Request Information Sheet

General Instructions:

Please read these instructions carefully before updating your beneficiary information. This sheet was created to assist in completing the Beneficiary Change Request (Form V-4614) but is only a guideline and does not include a description for every situation, nor is it intended to provide legal advice. Please review the information closely and contact your financial professional or Annuity Customer Service at 888.925.6446 if you have any questions about completing the Beneficiary Change Request (Form V-4614). If you have questions relating to the effectiveness of a beneficiary designation, we recommend you consult your estate planner.

A new beneficiary may be named to an AuguStar contract at any time prior to the death of the Annuitant. Please note that a beneficiary must be a natural person or legal entity.

Required

- Write the name of each beneficiary legibly. Please note we are unable to accept “children of insured” without additional information identifying each child as a beneficiary. The full name of each child must be provided.
- Indicate if a beneficiary is a **primary** or **contingent** beneficiary by marking the appropriate box. Please refer to Section 1 below for additional information.
- Indicate the relationship between the Annuitant and/or owner(s) and each named beneficiary.
- Provide each beneficiary’s Social Security Number, date of birth, phone number, email, and home address, if known.
- Sign and date the form, including appropriate titles (e.g. POA/Guardian) if necessary. Please refer to Section 5 for additional signature requirements.

Additional Information

1) **Primary and Contingent Beneficiaries**

NOTE: A primary beneficiary must be listed on the beneficiary form. If you do not wish to change the primary beneficiary on file, that beneficiary must still be restated on the new form. If you are naming more than one primary or contingent beneficiary, you may specify the percentage of proceeds each is to receive (proceeds must total 100%). AuguStar will distribute equal shares of the proceeds to each named beneficiary if percentage designations are not provided. If a beneficiary predeceases the Annuitant that beneficiary’s portion of the proceeds will be divided into equal shares among the surviving beneficiaries. Please note: A contingent beneficiary is entitled to the death benefit only if the primary beneficiary on file predeceases the Annuitant or disclaims his/her portion of the proceeds.

2) **Trust as a Beneficiary**

When designating a trust as a beneficiary, please provide:

- a. The full name of the trust as it appears on the trust document.
- b. The date the trust was created or its Taxpayer Identification Number.

NOTE: If the beneficiary is a **testamentary trust**, you do not have to indicate the date the trust was created.

IMPORTANT: AuguStar is not responsible for and will not perform any administration or payment restrictions within a trust as a named beneficiary. Additionally, AuguStar will not pay an individual trustee but rather the trust as a whole. The named trustee is responsible for distributing the funds per the terms of the trust document.

3) **Joint Guaranteed Lifetime Withdrawal Benefit (GLWB) Rider**

The terms of the Joint GLWB Rider state the Participating Spouse must be either the sole primary beneficiary or a joint owner of the contract. If the spouse is not named as the sole primary beneficiary or as an owner of the Annuity, the joint benefits of the Rider will terminate. However, the client will continue to be charged for the full Joint GLWB Rider at each contract anniversary. If you wish to proceed with a beneficiary change that violates the terms of the Rider, a signed acknowledgement must be provided attesting to the fact that the joint benefits will terminate, and the Rider charge will continue to be assessed.

NOTE: AuguStar will not terminate the joint benefits of the Joint GLWB Rider without a signed acknowledgement from the contract owner(s).

4) **Plan and Custodial Owned Contracts**

Contracts owned by a plan may not designate a new beneficiary at AuguStar. Instead, the plan must remain the primary beneficiary on file. Contact the plan administrator to update the beneficiary of the plan. Similarly, the primary beneficiary of custodial owned contracts must remain the Custodian. To change the beneficiary, contact the custodian directly.

5) **Signature Requirements**

- Form must be signed and dated by the contract owner(s). If the contract is jointly owned, both owners must sign the request to update the beneficiary designation.
- Form must be received at AuguStar within 90 days of the signature date.
- Any additional pages submitted with the Beneficiary Change Request must be signed and dated the same day as the Beneficiary Change Request form (V-4614.)
- If the current contract owner lives in a Community Property State and his/her spouse is not named as the sole primary beneficiary, the Spousal Consent must be completed and signed by said spouse in the presence of the notary who must also sign the form. A list of all states that fall under this distinction can be found on page three of the Beneficiary Change Request.

For additional information regarding the **Beneficiary Change Request (Form V-4614)** please visit our website, augustarfinancial.com or contact Annuity Customer Service at 888.925.6446.