BENEFICIARY DESIGNATION INSTRUCTIONS AND GUIDELINES

Please follow these instructions carefully when submitting this form to prevent any delays caused by unclear or omitted information. Be sure to read and fill out the form completely and return all pages. This instruction page does not need to be returned to us.

INSTRUCTIONS AND GUIDELINES

1. Print clearly! Cross-through and initial any corrections or changes. Do not use correction fluid.
2. Death proceeds shall be paid as shown on the acknowledged and recorded Beneficiary Designation form. If the terms of the contract conflict with the items listed in the form, the terms of the contract prevail.
3. Use percentages in your designation. All proceeds must total 100 percent *(%)* in each category *(Primary, Contingent, Tertiary)*. If no percentages are listed, proceeds will be paid equally.
4. If you are adding beneficiaries but not changing existing beneficiaries, you must restate all existing beneficiaries.
5. When children are beneficiaries and not named individually, all living and future children born to or adopted by the insured are included unless otherwise designated. Unless named individually, stepchildren are not included. This designation should be listed as "all children of the insured."
6. An irrevocable beneficiary is a designation that cannot be changed without the irrevocable beneficiaries' written consent. If you designate an irrevocable beneficiary, the Company will require the irrevocable beneficiary to consent in writing to requests for other policy changes *(i.e., assignment, contract changes, loan or surrender requests, annuity withdrawals, etc.)*. If you are naming an irrevocable beneficiary, state "irrevocable" after the named beneficiary.
7. If the owner is a company, provide a corporate resolution or similar document that lists all of the officers and/or individuals authorized to sign on behalf of the company.
8. If this form is signed by a power of attorney, guardian or conservator, a copy of the appropriate documentation is required.
9. You may choose to designate a Testamentary Trust as your beneficiary. A Testamentary Trust is created by that instrument admitted to probate as the Last Will and Testament of the insured. The funds shall be paid to the trustee, or successor, named in that trust. This designation should be listed as "Testamentary Trust".

BENEFICIARY CLASS DEFINITIONS

PRIMARY or the first person(s)/entity(ies) in line to receive the death proceeds after the insured is deceased. Funds are paid to all primary beneficiaries who are living/existing when the insured dies. If no primary beneficiaries are living/existing when the insured dies, then funds are paid to contingent beneficiaries who are living/existing.

CONTINGENT or the second or subsequent person(s)/ entity(ies) in line to receive the death proceeds after the insured is deceased and there are no surviving primary beneficiaries. If no contingent beneficiaries are living/existing when the insured dies, then funds are paid to tertiary beneficiaries.

TERTIARY or the third or subsequent person(s)/ entity(ies) in line to receive the death proceeds after the insured is deceased and there are no surviving primary or contingent beneficiaries.

NOTE: If no beneficiaries are living/existing when the Insured dies, funds are paid to the owner or the owner's estate.

Assurity®

Assurity is a marketing name for the mutual holding company, Assurity Group, Inc. and its subsidiaries. Those subsidiaries include, but are not limited to, Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, NY. Product availability, features and rates may vary by state.

Assurity®

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Assurity® Life Insurance Company of New York
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Beneficiary Designation

First, Middle, Last

Insured's Name _____ Policy/Certificate No. _____

Owner's Home/Cell Phone ( ) _____ / ( ) _____ Owner's Email _____

☐ See attached If additional space is needed, check the box to the left and attach a separate page, signed and dated, including the policy/certificate number. Each beneficiary's relationship to the Insured, Social Security number *(SSN)* or Tax Identification number *(TIN)* and/or Date of Birth are REQUIRED.

1. Primary Beneficiary(ies)

No.	Name:	DOB: *(MM/DD/YYYY)*	SSN/TIN:	Phone Number:	Percentage:
1		/ /		( )	
	Address:	Email:		Relationship to Insured:	
2		/ /		( )	
	Address:	Email:		Relationship to Insured:	
3		/ /		( )	
	Address:	Email:		Relationship to Insured:	
4		/ /		( )	
	Address:	Email:		Relationship to Insured:	

Full Name of Trust	Date of Trust	Name of Trustee(s)	Full Address of Trustee(s)	

TOTAL **100%**

2. Contingent Beneficiary(ies)

No.	Name:	DOB: *(MM/DD/YYYY)*	SSN/TIN:	Phone Number:	Percentage:
1		/ /		( )	
	Address:	Email:		Relationship to Insured:	
2		/ /		( )	
	Address:	Email:		Relationship to Insured:	

Full Name of Trust	Date of Trust	Name of Trustee(s)	Full Address of Trustee(s)	

TOTAL **100%**

First, Middle, Last

Insured's Name _____ Policy/Certificate Number _____

3. Tertiary Beneficiary(ies)

No.	Name:	DOB: *(MM/DD/YYYY)*	SSN/TIN:	Phone Number:	Percentage:
1		/ /		( )	
	Address:	Email:		Relationship to Insured:	
2		/ /		( )	
	Address:	Email:		Relationship to Insured:	

Full Name of Trust	Date of Trust	Name of Trustee(s)	Full Address of Trustee(s)	

TOTAL **100%**

YOUR CONFIRMATION–

By signing below:

- I acknowledge this request is subject to the provisions and conditions of my policy/contract(s) and Assurity may request additional information in order for my request to be processed.
- I understand by submitting this document, I revoke any existing beneficiary designations with respect to any proceeds payable at the death of the insured.
- I acknowledge that payment to any designated trust as directed by this beneficiary designation ends the company's responsibility in full. If a trust is named as beneficiary but does not exist when the insured dies, or no trustee qualifies or makes claim within six (6) months after the insured dies, or the company receives proof that no trustee will qualify or make claim, then the funds shall be paid as if that trust ceased to exist before the insured died.

_____ / / _____ _____

Signed Date (MM/DD/YYYY) | *Signature of Owner* | *Signature of Joint Owner or Irrevocable Beneficiary (if applicable)*

_____ _____

Owner Title (if applicable) (Trustee, Power of Attorney, Guardian, Conservator or Company Officer) | *Signature of Witness (Required in MA only) (A non-related person with no financial interest in the policy)*

SPOUSAL CONSENT–

If you live in a community property state *(residents of AZ, CA, ID, LA, NM, NV, TX, WA or WI)* and your spouse is NOT listed as the sole primary beneficiary, *spousal consent is required to make a beneficiary change.*

☐ No current spouse Check this box if you do not have a spouse or if your spouse is deceased.

I have read the information above and have seen the beneficiary designation made by my spouse. I understand that I have not been named as the sole primary beneficiary of my spouse's policy/certificate and have waived my right to the policy/certificate's proceeds. I acknowledge that I have been advised to consult a tax advisor prior to signing this agreement.

_____ / / _____

Signed Date (MM/DD/YYYY) | *Signature of Spouse*

FOR HOME OFFICE USE ONLY—The insurer has acknowledged and recorded the above designation.

_____ _____ _____

Date (MM/DD/YYYY) | *Authorized Signature* | *Title*