



# FARMERS LIFE INSURANCE COMPANY

## Contract Information Change Form

### 1. Owner Information

(Must be completed for all requests)

Owner full name \_\_\_\_\_ SSN of owner \_\_\_\_\_

Joint owner full name *if applicable* \_\_\_\_\_ Contract number \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred phone number \_\_\_\_\_  Home  Cell \_\_\_\_\_  
Email \_\_\_\_\_

### 2. Name/TIN/DOB Change Owner Annuitant

Proof of change is **REQUIRED** in addition to this form. For name or Date of Birth (DOB) change, please attach a government issued document reflecting the correct information. For Tax Identification Number (TIN) change, please fill out and submit a W9.

Current full name \_\_\_\_\_ TIN \_\_\_\_\_

Change name to \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_

### 3. Address Change Owner Annuitant

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

### 4. Contract Request

- Send me a copy of my contract
- Send me a copy of a past contract statement
  - Most recent statement
  - Statement with ending period \_\_\_\_\_

## 5. Beneficiary Change

If I complete this section, I hereby revoke all prior primary and contingent beneficiary designations and any elections of optional methods of settlement. The following designations of beneficiaries are made, subject to the provisions of the contract, and subject to the rights of any assignee of record with Farmers Life Insurance Company.

Percentages must be in whole percentages and equal 100%, for Primary and 100% for Contingent, if any.

Please show full name, address, relationship to owner(s), gender, date of birth, social security number, phone number and email of all beneficiaries. If additional space is needed, attach the Additional Beneficiary Designations form.

Beneficiary(ies) Type  Primary  Contingent Percentage \_\_\_\_\_% Gender  Male  Female

Full name \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_

Relationship to owner(s) \_\_\_\_\_ Phone number \_\_\_\_\_ Email \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Beneficiary(ies) Type  Primary  Contingent Percentage \_\_\_\_\_% Gender  Male  Female

Full name \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_

Relationship to owner(s) \_\_\_\_\_ Phone number \_\_\_\_\_ Email \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Beneficiary(ies) Type  Primary  Contingent Percentage \_\_\_\_\_% Gender  Male  Female

Full name \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_

Relationship to owner(s) \_\_\_\_\_ Phone number \_\_\_\_\_ Email \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Beneficiary(ies) Type  Primary  Contingent Percentage \_\_\_\_\_% Gender  Male  Female

Full name \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_

Relationship to owner(s) \_\_\_\_\_ Phone number \_\_\_\_\_ Email \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_



**6. Signature Authorization** *(This section MUST be completed for all changes.)*

By signing this form, the contract owner(s) each agree and certify that Farmers Life Insurance Company is authorized to make the changes to the contract as indicated on this form, and further agree to hold harmless and indemnify Farmers Life Insurance Company as to any and all claims or demands which may be made by reason of the changes so made.

\_\_\_\_\_  
Name of owner/authorized officer

\_\_\_\_\_  
Title of authorized officer *if applicable*

\_\_\_\_\_  
Signature of owner/authorized officer

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Name of joint owner *if applicable*

\_\_\_\_\_  
Signature of joint owner *if applicable*

\_\_\_\_\_  
Date signed

