



FARMERS LIFE INSURANCE COMPANY

Contract Information Change Form

1. Owner/Annuitant Information

Annuitant full name Contract number
Owner full name if different than Annuitant Owner SSN/TIN
Joint owner full name if applicable Joint owner SSN/TIN

2. Ownership Change [] New Owner [] Add/Change Joint Owner

If I (we) complete this section, I (we) hereby revoke all prior owner and joint owner designations. The following designation of ownership is made, subject to the provisions of the contract. Both current and new owners must sign page three.

New owner full name if applicable SSN/TIN
Preferred phone number [] Home [] Cell Email
Street address City State ZIP
New joint owner full name if applicable SSN/TIN
Preferred phone number [] Home [] Cell Email
Street address City State ZIP

3. 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)

4. Address Change [] Owner [] Annuitant

Street address City State ZIP
Home phone Cell phone

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 current owner/authorized officer

Title of authorized officer *if applicable*

Signature of current owner/authorized officer

Date signed

Name of current joint owner *if applicable*

Signature of current joint owner *if applicable*

Date signed

If a change in ownership is being made, the new owner(s) must sign below.

Name of new owner/authorized officer *if applicable*

Title of authorized officer *if applicable*

Signature of new current owner/authorized officer *if applicable*

Date signed

Name of new joint owner *if applicable*

Signature of new joint owner *if applicable*

Date signed

