FARMERS LIFE INSURANCE COMPANY

Additional Beneficiary Designations

Policy number

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)

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Relationship to owner(s) ____________ Phone number ____________ Email ____________

Street address ____________ City ____________ State ____________ ZIP ____________

Owner/annuitant full name ____________

Signature of owner/annuitant ____________ Date signed ____________

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