



Per Stirpes Beneficiary Designation

You can submit this form via:

Email (fastest):

AnnuityForms@DelawareLife.com

Fax:

800-883-9165

Mail:

Delaware Life
P.O. Box 80428
Indianapolis, IN 46280-0428

Overnight Mail:

Delaware Life
10555 Group 1001 Way
Zionsville, IN 46077

Please note:

- This per stirpes beneficiary designation form **CANCELS** all previously submitted primary and contingent beneficiary designations you have provided to us.
- Use this form to designate **primary** beneficiary(ies) who will receive the death benefit of the contract listed in section 1.
- Use this form to designate **contingent** beneficiary(ies) who will receive the death benefit in the event that all primary beneficiaries predecease the insured/annuitant.
- All primary and contingent beneficiary designations in effect during the accumulation phase are revoked automatically when the income phase of the contract begins.
- If you have a living benefit with joint life coverage and your spouse is removed as your sole primary beneficiary, your joint life coverage will be changed to single life coverage, but the joint life fee continues.
- If you wish to designate a predetermined beneficiary payout election for your beneficiary, please call Customer Service for details. Not all predetermined beneficiary payout options are available for all product.

For questions or help with this form, call us at **800-374-3714**.

Throughout this form, "the Company" refers to the issuing company.¹

1 Contract Information (please print clearly)

Contract Number

Owner

SSN/TIN

Co-Owner

SSN/TIN



¹ Delaware Life Insurance Company (Zionsville, IN) is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group 1001. www.delawarelife.com

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2 Beneficiary Information (please print clearly)

- To name additional beneficiaries, please attach an additional page with the requested information included. **Please be sure to sign and date the additional page** as well as section 4.
- If you name primary beneficiaries and contingent beneficiaries the total for each class must add up to 100%.
- Multiple beneficiaries in the same class (primary or contingent) share equally unless you direct otherwise.

Minor beneficiaries. Any payment due to a minor beneficiary shall be made to the legally appointed guardian of the minor, unless otherwise permitted by law. Alternatively, and assuming the benefit amount is within the state-specific applicable limit, we suggest you contact your legal advisor to consider designating the benefit to be paid under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA).

Per stirpes. If a beneficiary is designated as per stirpes and predeceases the owner/annuitant, leaving children of his or her own, the predeceased beneficiary's share of the death benefit will be equally distributed to those children, or their children's children, down the line. If a beneficiary is not designated as per stirpes and predeceases the owner/annuitant, that predeceased beneficiary's share shall be reallocated equally among the surviving beneficiaries.

In determining the descendants of any predeceased per stirpes beneficiary, the Company may rely on written representations it deems authoritative, in its sole discretion, from third parties, including my attorneys, the executor/personal representative of my estate, the attorneys for the executor/personal representative, or one or more of my surviving spouse or children. I understand that the Company cannot independently verify the descendants of any per stirpes beneficiaries and on behalf of myself and all beneficiaries, release it from liability for distribution errors based on such written representations. In addition (or alternatively), the Company may retain its own counsel or investigators to assist in beneficiary determinations and may apply for instructions from a court of competent jurisdiction. I agree on behalf of myself, my estate and my heirs and beneficiaries (and their heirs), that the costs of counsel, investigators, or the proceeding will be deducted from the death benefit amount.

Beneficiary Name (required)				SSN/TIN (required)	
(required) ☐ Primary ☐ Contingent		Per Stirpes (required) ☐ Yes ☐ No		Percentage %	Date of Birth (mm/dd/yyyy)
					Gender ☐ Male ☐ Female
Address (required)					
City				State	Zip Code
Email Address		Phone Number		Relationship to Owner(s) (required)	

Beneficiary Name (required)				SSN/TIN (required)	
(required) ☐ Primary ☐ Contingent		Per Stirpes (required) ☐ Yes ☐ No		Percentage %	Date of Birth (mm/dd/yyyy)
					Gender ☐ Male ☐ Female
Address (required)					
City				State	Zip Code
Email Address		Phone Number		Relationship to Owner(s) (required)	

2 Beneficiary Information (continued)

Beneficiary Name (required)				SSN/TIN (required)	
(required) ☐ Primary ☐ Contingent		Per Stirpes (required) ☐ Yes ☐ No		Percentage %	
				Date of Birth (mm/dd/yyyy)	
				Gender ☐ Male ☐ Female	
Address (required)					
City				State	
				Zip Code	
Email Address		Phone Number		Relationship to Owner(s) (required)	

Beneficiary Name (required)				SSN/TIN (required)	
(required) ☐ Primary ☐ Contingent		Per Stirpes (required) ☐ Yes ☐ No		Percentage %	
				Date of Birth (mm/dd/yyyy)	
				Gender ☐ Male ☐ Female	
Address (required)					
City				State	
				Zip Code	
Email Address		Phone Number		Relationship to Owner(s) (required)	

3 Joint Life Benefit Cancellation Acknowledgment

Important information for contracts with an active Guaranteed Lifetime Withdrawal Benefit (Joint Life).

If your spouse is removed as your sole primary beneficiary and is not a joint owner of the contract, your joint life coverage will be changed to single life coverage, but the joint life fee continues. You should talk with your financial advisor and read your contract carefully to determine if and how this beneficiary change will affect your living benefit.

If you are changing your beneficiary to a trust, please submit a **Trustee Affidavit Form** with Section 4 of that form completed to maintain joint life coverage. **If you are submitting the Trustee Affidavit Form with Section 4 completed, do not check the box below.**

- ☐ By checking this box, I acknowledge that the beneficiary change will cancel joint life coverage under the living benefit rider. I understand that when joint life coverage is canceled, it cannot be re-established, and no additional covered person may be added at any time. Note: if this box is not checked and the requested beneficiary change would terminate the joint benefit of the living benefit, the request will not be processed, and the current beneficiary designations will remain in effect until instructions are received in good order.

4 Signature(s)

All owners must sign this form.

If you are signing this form as a fiduciary (power of attorney, trustee, guardian, custodian, etc.), for the contract owner, you must sign in your fiduciary capacity and not in your individual capacity. We will need your authorizing documents to process this request. If we do not have them on file, please attach them to this form.

If the contract is owned by a corporation, (an) authorized officer(s) of the corporation must sign this form and provide his or her title. Please submit a corporate resolution authorizing the changes to process this request.

By signing this form, I/we understand and agree that:

- I(we), the owner(s) for the contract referenced on page 1, **revoke all prior primary and contingent beneficiary designations** and instruct the Company to accept the instructions as detailed on this form and any attached pages.
- This beneficiary designation will remain in effect during the accumulation phase of the contract unless a subsequent Beneficiary Change form is submitted and accepted by the Company.
- All primary and contingent beneficiary designations in effect during the accumulation phase are revoked automatically when the income phase of the contract begins.
- If you have a living benefit with joint life coverage and your spouse is removed as your sole primary beneficiary, your joint life coverage will be changed to single life coverage, but the joint life fee continues.
- A guardian may be required for beneficiaries who are minors at the time of the distribution of the death benefit. Additional paperwork may be required.

☐ I agree to use esignature for this transaction and agree and acknowledge that my electronic signature is the legal equivalent to my manual/handwritten signature and I consent to be legally bound to this agreement. **Please note that signed requests must be submitted through your Financial Professional's eSignature process.**

Owner Signature X	Signature Date (mm/dd/yyyy)
Please Print Owner Name	
Co-Owner Signature (if applicable) X	Signature Date (mm/dd/yyyy)
Please Print Co-Owner Name (if applicable)	

I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is owned by an entity, that I am an authorized signer thereof, and that I am signing this request in that capacity.

The above-signed hereby agrees, for myself and/or the entity identified above, to indemnify and hold the Company harmless from any and all claims, liabilities, and losses sustained or incurred by its reliance on my instructions herein.

Contact Us

Online
delawarelife.com

By Phone:
Customer Service **800-374-3714**
M-F 8:30 a.m.-6:00 p.m., ET

By Email (Clients):
Customer.Relations@delawarelife.com

By Email (Agents):
AgentSupport@delawarelife.com