GAINBRIDGE
Issued by Gainbridge Life Insurance Company

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Change of Beneficiary Authorization

1 Contract Information

Contract Number: _____ **Contract Owner Name:** _____

2 Primary Beneficiary

☐ Please check here if you are changing an *Irrevocable Beneficiary*. In this case, we will need a signed authorization from the Beneficiary.

Beneficiary #1:

First Name:_____Last Name:_____

Address:_____City:_____State:_____Zip:_____

DOB:_____SSN:_____Email:_____

Phone #:_____Relationship:_____Share%: _____

☐ Check box if you would like to assign beneficiary #1 to be an Irrevocable Beneficiary.

Beneficiary #2:

First Name:_____Last Name:_____

Address:_____City:_____State:_____Zip:_____

DOB:_____SSN:_____Email:_____

Phone #:_____Relationship:_____Share%: _____

☐ Check box if you would like to assign beneficiary #2 to be an Irrevocable Beneficiary.

Beneficiary #3:

First Name:_____Last Name:_____

Address:_____City:_____State:_____Zip:_____

DOB:_____SSN:_____Email:_____

Phone #:_____Relationship:_____Share%: _____

☐ Check box if you would like to assign beneficiary #3 to be an Irrevocable Beneficiary.

3 Contingent/Secondary Beneficiaries

Contingent/Secondary Beneficiary #1:

First Name:_____Last Name:_____

Address:_____City:_____State:_____Zip:_____

DOB:_____SSN:_____Email:_____

Phone #:_____Relationship:_____Share%: _____

☐ Check box if you would like to assign contingent beneficiary #1 to be an Irrevocable Beneficiary.

Contingent/Secondary Beneficiary #2:

First Name:_____ Last Name:_____

Address:_____ City:_____ State:_____ Zip:_____

DOB:_____ SSN:_____ Email:_____

Phone #:_____ Relationship:_____ Share%: _____

☐ Check box if you would like to assign contingent beneficiary #2 to be an Irrevocable Beneficiary.

Contingent/Secondary Beneficiary #3:

First Name:_____ Last Name:_____

Address:_____ City:_____ State:_____ Zip:_____

DOB:_____ SSN:_____ Email:_____

Phone #:_____ Relationship:_____ Share%: _____

☐ Check box if you would like to assign contingent beneficiary #3 to be an Irrevocable Beneficiary.

Unless otherwise noted, if more than one Beneficiary is named, we will assume that all Primary Beneficiaries (or all Contingent/Secondary Beneficiaries if the Primary Beneficiaries pre-decease you) are to share equally. This change revokes all prior designations made by you and is subject to all the terms and provisions of yourGainbridge contract. The requested change will become effective on the date below, without prejudice to Gainbridge on account of any payment made or any action taken or permitted by Gainbridge before recording such change. A change to an Irrevocable Beneficiary cannot be made without the signed consent of the Irrevocable Beneficiary.

4 Signatures

This form dated at_____ on the_____ day of_____, 20____.
City/State

_____ _____ _____
Signature of Owner | Account Owner's Taxpayer ID Number | Owner's Telephone Number

_____ _____
Signature of Irrevocable Beneficiary (If applicable) | Name of Irrevocable Beneficiary (If applicable)