



- Transamerica Financial Life Insurance Company  
Home Office: Harrison, New York
- Transamerica Life Insurance Company
- Transamerica Premier Life Insurance Company  
Home Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499

**Section 1: Policy Information**

Policy Number(s)	Owner(s)
Owner Address	City/State/Zip
Insured/Annuitant	Insured/Annuitant Social Security Number

**Section 2: Instructions and Signature Requirements**

**PRIMARY BENEFICIARY:** Receives any proceeds payable at the insured’s death.

**CONTINGENT BENEFICIARY:** Receives proceeds only if no primary beneficiary(ies) survives the insured.

**TRUST-OWNED POLICIES:** The complete name and date of the trust should be listed in Section 1. Trustee(s) must sign in Section 5. A Trustee Certification Form and a copy of a Corporate Resolution, if applicable, for a corporate trustee, must be on file or included with this Beneficiary Change Form.

**POWER OF ATTORNEY/GUARDIAN/CONSERVATOR:** An attorney in fact or court-appointed guardian of the estate or conservator may sign on behalf of the policy owner in accordance with state laws or pursuant to a specific court order. A copy of the letters of guardianship/conservatorship/power of attorney must be on file with the Company or submitted with this Beneficiary Change Form.

**BUSINESS/ENTITY-OWNED POLICIES:** If a corporation, partnership or institutional body is the policy owner, an Entity Certification Form or a copy of a Corporate Resolution must be on file with the Company or submitted with this Beneficiary Change Form.

**NAMING A FUNERAL HOME AS A BENEFICIARY:** When a funeral home is named as the beneficiary, there is a possibility that the proceeds from the policy may exceed the cost of the funeral. The funeral home may not be obligated to refund the remainder of the proceeds. You may have the option to collaterally assign the policy instead. You may wish to speak with your agent, attorney or financial planner for additional information on establishing payment to a funeral home.

**IRREVOCABLE BENEFICIARIES:** To name your beneficiary as irrevocable, please write “Irrevocable” next to the name of the beneficiary on the form. If a beneficiary is named as irrevocable, the beneficiary designation cannot be changed without the consent of the irrevocable beneficiary. The irrevocable beneficiary may be required to sign other requests for changes to, or disbursements from, the policy.

**TRUST BENEFICIARIES:** If a trust is named beneficiary, the Company shall not be responsible for the disposition by the trustee of any proceeds paid to the trustee. The full name and date of the trust is required.

**MINOR BENEFICIARIES:** Any payment to a minor beneficiary shall be made to the legally appointed guardian of the estate or conservator of the minor, unless otherwise permitted by law. Beneficiary designations to a minor should include a legally appointed guardian/conservator.

**PERCENTAGES:** Please do not specify dollar amounts. Use percentages totaling 100% for primary and contingent designations. Primary beneficiaries should total 100% and contingent beneficiaries should independently total 100%.

**Section 3: Primary Beneficiary Information**

**If additional space for Primary Beneficiaries is needed, please attach additional pages.**

For annuity policies only: Check here if the below change of beneficiary is due to a divorce. If the policy has a joint life rider you may be able to change your primary beneficiary. **Both parties' notarized signatures and date will be required.** The Owner agrees to continue to pay the joint rider fees and receive lower joint life/ rider payments for any withdrawals and forfeit any benefit for the Ex-Spouse (i.e., the joint life portion of the rider).

**i** **If this section is left blank, the primary beneficiary will remain as currently listed on policy.**  
**The Primary Beneficiary Percentage Total must equal 100%.**

Name	%
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Relationship	Birth or Trust Date
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Address	City/State/Zip
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Phone Number	SSN or Tax ID Number
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Name	%
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Relationship	Birth or Trust Date
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Address	City/State/Zip
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Phone Number	SSN or Tax ID Number
--------------	----------------------

Name	%
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Relationship	Birth or Trust Date
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Address	City/State/Zip
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Phone Number	SSN or Tax ID Number
--------------	----------------------

Name	%
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Relationship	Birth or Trust Date
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Address	City/State/Zip
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Phone Number	SSN or Tax ID Number
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**PLEASE SIGN AND DATE FORM IN SECTION 5**

**Section 4: Contingent Beneficiary Information**

If additional space for Contingent Beneficiaries is needed, please attach additional pages.

Primary and contingent beneficiaries cannot be the same.

**i** If the contingent beneficiary section is left blank, the current contingent beneficiary designations will be revoked.

**The Contingent Beneficiary Percentage Total must equal 100%.**

Name	%
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Relationship	Birth or Trust Date
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Address	City/State/Zip
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Phone Number	SSN or Tax ID Number
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Name	%
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Relationship	Birth or Trust Date
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Address	City/State/Zip
---------	----------------

Phone Number	SSN or Tax ID Number
--------------	----------------------

Name	%
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Relationship	Birth or Trust Date
--------------	---------------------

Address	City/State/Zip
---------	----------------

Phone Number	SSN or Tax ID Number
--------------	----------------------

Name	%
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Relationship	Birth or Trust Date
--------------	---------------------

Address	City/State/Zip
---------	----------------

Phone Number	SSN or Tax ID Number
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**PLEASE SIGN AND DATE FORM IN SECTION 5**

**Section 5: Signatures and Date**

**i** Please Note: All policy owners must sign this Beneficiary Designation Form.

Owner SSN \_\_\_\_\_ Phone Number \_\_\_\_\_ Joint Owner SSN \_\_\_\_\_ Phone Number \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Owner Signature (If Applicable) \_\_\_\_\_ Date \_\_\_\_\_

Notary Public Stamp (If Applicable)

  
  
  
  
  
  
  
  
  
  

Notary Signature: \_\_\_\_\_

Notary Public Stamp (If Applicable)

  
  
  
  
  
  
  
  
  
  

Notary Signature: \_\_\_\_\_

Irrevocable Beneficiary Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature (only required in MA for life policies) \_\_\_\_\_ Date \_\_\_\_\_

*\*Signature of the policy owner in MA must be witnessed by someone over the age of 18, not related to the policy owner(s), and not a named beneficiary.*

**Section 6: Confirmation**

A confirmation of the change will be mailed to the owner's address of record, unless one of the below options is selected. If there is more than one owner, please designate one email address or fax number. **Email and fax are not available for all products.**

I would like confirmation of this change, or any questions related to the requested change, securely emailed to me at the email address provided below.

\_\_\_\_\_  
**Email Address**

I would like confirmation of this change, or any questions related to the requested change, faxed to the fax number below.

\_\_\_\_\_  
**Fax Number**