

Vantis Life Insurance Company
Vantis Life Insurance Company of New York

Administrative Office:

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P: 1-866-826-8471 ■ www.VantisLife.com

**ANNUITY CHANGE
 REQUEST FORM**

♦ **GENERAL INFORMATION** (Please Print)

Name of Annuitant: _____	Social Security #: _____
VantisLife Annuity Contract Number(s): _____	Type of Annuity: <input type="checkbox"/> Qualified
Name of Owner: _____	<input type="checkbox"/> Non-Qualified

♦ **CHANGE OF BENEFICIARY** (If additional space is needed, please attach separate sheet)

All Beneficiaries in one class will share equally, unless otherwise stated. Please complete all Beneficiary(ies) information listed below:

Name: _____	Address: _____	
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____
Beneficiary Class:(Check One)	<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Split Percentage: _____
Name: _____	Address: _____	
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____
Beneficiary Class:(Check One)	<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Split Percentage: _____
Name: _____	Address: _____	
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____
Beneficiary Class:(Check One)	<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Split Percentage: _____

IMPORTANT NOTE: The above Beneficiary designation replaces all previous designations made under the above contract.

♦ **CHANGE OF ADDRESS**

_____	_____
Street Address	P.O. Box (if applicable)
_____	_____
City	Effective Date
_____	_____
State	Zip

♦ **CHANGE OF OWNERSHIP**

List new owner(s) below:	<i>Please note: All Owners in one class will share equally, unless otherwise stated</i>	
Name: _____	Address: _____	
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____
Ownership Class:(Check One)	<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	
Name: _____	Address: _____	
Relationship to Annuitant: _____	Date of Birth: _____	Social Security No.: _____
Ownership Class:(Check One)	<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	

IMPORTANT NOTE: The above Ownership designation replaces all previous designations made under the above contract.

Reason for Change: _____

Note: Non-Spousal ownership changes may result in current tax liability. If change is due to the death of the current owner attach a copy of the death certificate. Review beneficiary designations when changing an Owner. For example, if transferring ownership to a Trust, you may wish to elect the Trust as the Beneficiary.

♦ **CHANGE OF NAME**

Owner Annuitant Other (specify) _____

Change Name From: _____ To: _____

Old Signature: _____ New Signature: _____

Reason for Change: Marriage Divorce Court Order Other (specify) _____

Important Note: Appropriate documentation (e.g.: Marriage Certificate, Divorce Decree) is required.

♦ **DELETION OF OWNER/ANNUITANT**

Name to be Deleted: _____ Owner Annuitant

Social Security #: _____ Reason for Change: _____

Important Note: The contract must be returned to effect this change. If deletion is due to Death, a certified copy of the Death Certificate must accompany this request.

♦ **CHANGE OF SOCIAL SECURITY NUMBER/CHANGE OF DATE OF BIRTH**

Incorrect Social Security #: _____ Correct Social Security #: _____

Incorrect Date of Birth: _____ Correct Date of Birth: _____

Name of Individual: _____

Important Note: Proof of correct Social Security # or Date of Birth required with this request.

♦ **CHANGE OF SERVICING AGENCY/BANK/AGENT**

Name of new Agency/Bank: _____ Agency/Bank #: _____

Name of new Agent/Producer: _____ Agent/Producer #: _____

♦ **CHANGE OF INITIAL PREMIUM**

Change From: _____ To: _____

Important Note: The contract must be returned to effect this change.

♦ **DISCLOSURE AND SIGNATURES**

I have reviewed the completed information and it correctly reflects my intended changes. I also certify that, under penalty of perjury, the Social Security Number shown above is my correct number. Any change indicated above will become effective on the date this form is signed, provided this form has been properly executed upon receipt.

Signature of Owner Signature of Joint Owner (Required for Transfer of Ownership Only) Date

Signature of Other Authorized Individual *

As*: New Owner
 Power of Attorney**
 Conservator**
 Assignee
 Irrevocable Beneficiary

** Certified Copy of Appointment and Photo ID is required.

INTERNAL USE ONLY

NAME OF AGENCY/BANK: _____ PRODUCER #: _____ BRANCH #: _____