

Registration Change Form

Attn: NEA Valuebuilder Program - Select, Future and Multi-Flex

Please type or print in black ink. Questions? Call our Customer Service Center at 1-800-NEA-VALU.

1. General Account Information

Contract Number

Group Certificate (if applicable)

Name of Annuitant/Participant
(First) (MI) (Last)

Address

City

State Zip Code

Tax I.D. Number / Social Security Number

Phone Number (for confidential calls between 8:00am and 6:00pm CST)

E-Mail Address

☐ Single ☐ Married (please check one)

2. Change Of Address

Signature of Owner required in Section 9.

Changes Apply to: ☐ Annuitant/Participant
☐ Owner
☐ Joint Owner

Address

City

State Zip Code

Daytime Phone Number

3. Change Of Name

Signature of Owner required in Section 9.

Changes Apply to: ☐ Annuitant/Participant
☐ Owner
☐ Joint Owner

Reason: ☐ Divorce ☐ Marriage
☐ Other

New Name

Name (First) (MI) (Last)

4. Primary Beneficiaries

To be completed to change beneficiary designation or information. Signature of Owner required in Section 9. Community property states also require signature of spouse. For multiple beneficiaries attach additional sheet.

Name	DOB	Relationship to Owner	%
1. _____			
2. _____			
3. _____			
4. _____			

5. Contingent Beneficiaries

Name	DOB	Relationship to Owner	%
1. _____			
2. _____			
3. _____			
4. _____			

Use additional sheet if necessary.



6. Change Of Owner/Joint Owner

The signature of new and previous Owner and/or Joint Owner is required in Section 9.

Changes Apply to: ☐ Owner ☐ Joint Owner

New Owner's Name
(First) (MI) (Last)

Address

City

State Zip Code

Date of Birth ☐ Male ☐ Female

Tax I.D. Number / Social Security Number

New Joint Owner's Name
(First) (MI) (Last)

Joint Owner's Address

City

State Zip Code

Joint Owner's Date of Birth ☐ Male ☐ Female

Tax I.D. Number / Social Security Number

Please certify your Tax ID/Social Security Number in Section 8.

7. Change Of Annuitant

The signature of new and previous Annuitant is required in Section 9.

Name of Annuitant (First) (MI) (Last)

Address

City

State Zip Code

Date of Birth ☐ Male ☐ Female

Tax I.D. Number / Social Security Number

8. Tax Identification Number

TAX IDENTIFICATION NUMBER CERTIFICATION

Under Penalties of Perjury I Certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

X
Signature of Owner Date

X
Signature of Joint Owner Date

In case of joint ownership, both must sign. If no form of ownership is indicated then it will be assumed the ownership is as "joint tenants, with right of survivorship" and not as "tenants in common."

Certification Instructions - You must cross out item (2) if you have been notified by IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

9. Signatures

I have read, understand, and authorize the changes requested on this form. If section 6 or 7 was completed, the previous and new annuitant or Contractowner (and Joint Owner, if applicable) must sign below.

X
Signature of Contractowner (new) Date

X
Signature of Contractowner (previous) Date

X
Signature of Joint Owner (new) Date

X
Signature of Joint Owner (previous) Date

X
Signature of Spouse (if Community Property State) (AZ, CA, ID, LA, NM, NV, TX, WA, WI) Date

X
Signature of Registered Representative (optional) Date

