



Questions? Call our Service Center at 1-800-888-2461.

## Instructions

Use this form to modify or change information regarding the roles on your First Security Benefit Life Insurance and Annuity Company of New York ("FSBL") contract. You must complete sections 1, 6 and any of the following that apply:

- Owner – Section 2
- Joint Owner – Section 3
- Annuitant – Section 4
- Beneficiary – Section 5

## 1. Provide the General Information

Please provide the following information as it currently exists on the contract.

Contract Number \_\_\_\_\_

Name of Owner \_\_\_\_\_  
First MI Last

Mailing Address \_\_\_\_\_  
Street Address City State Zip Code

Social Security Number/Tax I.D. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Daytime Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Marital Status: ☐ Single ☐ Married

## 2. Provide Changes to the Owner

Select One: ☐ Modify Existing Owner Information  
☐ Change to New Owner<sup>1</sup>

New Owner's Name \_\_\_\_\_  
First MI Last

Provide reason for name change:

- If the name change is due to "Divorce" Please complete the "Multi Product Annuity NY Notification of Divorce and Transfer Request Form".
- If the name change is due to "Marriage" Please send in a copy of the Marriage Certificate with this form.

Select One: ☐ Divorce ☐ Married ☐ Other \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Address City State Zip Code

Residential Address \_\_\_\_\_  
(if different from mailing address) Street Address City State Zip Code

Social Security Number/Tax I.D. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Daytime Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

<sup>1</sup> If you effect, or have effected, a partial exchange from a previously existing annuity contract with another carrier to an annuity contract with FSBL under IRC Section 1035, any withdrawals from or changes in ownership to your FSBL contract within 180 days of such partial exchange may have adverse tax consequences. Please consult your tax advisor.



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### 3. Provide Changes to the Joint Owner

Select One: ☐ **Modify Existing Joint Owner Information**  
☐ **Change to New Joint Owner<sup>1</sup>**

New Joint Owner's Name \_\_\_\_\_  
First MI Last

Provide reason for name change:

- If the name change is due to "Divorce" Please complete the "Multi Product Annuity NY Notification of Divorce and Transfer Request Form".
- If the name change is due to "Marriage" Please send in a copy of the Marriage Certificate with this form.

Select One: ☐ **Divorce** ☐ **Married** ☐ **Other** \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Address City State Zip Code

Residential Address \_\_\_\_\_  
(if different from mailing address) Street Address City State Zip Code

Social Security Number/Tax I.D. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Daytime Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

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### 4. Provide Changes to the Annuitant

Changing the Annuitant is not allowed on all products. Please refer to the Prospectus , or Contract, where applicable.

Select One: ☐ **Annuitant Same as Owner**  
☐ **Modify Existing Annuitant Information**  
☐ **Change to New Annuitant**

New Annuitant's Name \_\_\_\_\_  
First MI Last

Mailing Address \_\_\_\_\_  
Street Address City State Zip Code

Social Security Number/Tax I.D. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Daytime Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

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5. Provide Changes to the Beneficiary

- If your Beneficiary is a Trust, insert the date of your trust in the DOB field.
- If your Beneficiary is a Trust under your Will, insert the date of your Will in the DOB field.
- To make a beneficiary designation irrevocable, include the designation following the name of the beneficiary.

☐ This beneficiary change is due to the death of a spouse.

☐ Change the Primary Beneficiary to:

For additional Primary Beneficiaries, please attach a separate list to the end of this form.  
(must be whole numbers and total 100%)

	Primary Beneficiary Name	Address (city, state, zip)	Phone No.	Social Security No.	DOB (mm/dd/yyyy)	Relationship to Contract Annuitant	% of Benefit
1							
2							
3							

☐ Change the Secondary Beneficiary to:

For additional Secondary Beneficiaries, please attach a separate list to the end of this form.  
(must be whole numbers and total 100%)

	Secondary Beneficiary Name	Address (city, state, zip)	Phone No.	Social Security No.	DOB (mm/dd/yyyy)	Relationship to Contract Annuitant	% of Benefit
1							
2							
3							

☐ Remove All Existing Secondary Beneficiaries on the contract.

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6. Provide Signatures

I understand and authorize the changes requested on this form. If any changes are made to the beneficiary:

- FSBL may rely on written representations it deems official, including my attorneys, the personal representative of my estate, the attorneys for the personal representative, my spouse, or one or more surviving children in determining the beneficiary.
- I understand FSBL cannot independently verify beneficiaries and on behalf of myself and all beneficiaries, I release it from liability for distribution errors based on such written representations. In the event of good faith doubt, the insurer or custodian may retain its own counsel to assist in beneficiary determinations, and may apply for instructions from a court of competent jurisdiction, with the costs of counsel or the proceeding charged to my contract.

Tax Identification Number Certification

**Instructions:** You must cross out item (2) in the below paragraph if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. For contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct Tax Identification Number.

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 the IRS has notified me that I am no longer subject to backup withholding; **and** (3) I am a U.S. citizen or other U.S. person (as defined in the IRS Form W-9 instructions).

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**Note: The signature(s) of any irrevocable beneficiary is required below.**

<b>X</b>	_____ Signature of New Owner	_____ Date (mm/dd/yyyy)	_____ (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
<b>X</b>	_____ Signature of New Joint Owner (if applicable)	_____ Date (mm/dd/yyyy)	_____ (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
<b>X</b>	_____ Signature of Existing Owner	_____ Date (mm/dd/yyyy)	_____ (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
<b>X</b>	_____ Signature of Existing Joint Owner (if applicable)	_____ Date (mm/dd/yyyy)	_____ (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
<b>X</b>	_____ Signature of Irrevocable Beneficiary (if applicable)	_____ Date (mm/dd/yyyy)	
<b>X</b>	_____ Signature of Irrevocable Beneficiary (if applicable)	_____ Date (mm/dd/yyyy)	
<b>X</b>	_____ Signature of Financial Professional (optional)	_____ Date (mm/dd/yyyy)	
	_____ Print Name of Financial Professional (if signing)	_____ Date (mm/dd/yyyy)	

Mail to:

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Visit us online at FSBL.com

