



Registration Change Form

Attn: Annuity Administration

Please type or print in black ink. Questions? Call our National Service Center at 1-800-238-9354.

1. General Account Information

Contract Number _____

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

Address _____

City _____ State _____ Zip Code _____

Tax I.D. Number / Social Security Number _____

Phone Number (for confidential calls between 7:00am and 6:00pm CST) _____

Single Married (please check one)

2. Change of Address

Signature of Owner required in Section 9.

Changes Apply to:
 Annuitant 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 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	Relationship to Owner	%
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1. _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

2. _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

5. Contingent Beneficiaries

Name	Relationship to Owner	%
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1. _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

2. _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

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

Telephone 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

Telephone Number

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

7. Change of Annuitant

Name of New 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

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, **and**
3. I am a U.S. citizen or other U.S. person (as defined in the IRS Form W-9 instructions).

Certification instructions. You must cross out (2) 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.

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

9. Signatures

I have read, understand, and authorize the changes requested on this form.

X
Signature of Contractowner (new) Date (mm/dd/yyyy)

X
Signature of Contractowner (previous) Date (mm/dd/yyyy)

X
Signature of Joint Owner (new) Date (mm/dd/yyyy)

X
Signature of Joint Owner (previous) Date (mm/dd/yyyy)

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

X
Signature of Registered Representative (optional) Date (mm/dd/yyyy)

Variable Annuity issued by United of Omaha Life Insurance Company
Mail to: Security Benefit • PO Box 750497 • Topeka, Kansas 66675-0497 or Fax to: 1-785-368-1772
Also visit us online at www.securitybenefit.com

