

Complete each beneficiary class giving first name, middle initial, last name and relationship, as appropriate, of the beneficiary to the insured.

The total for each beneficiary class must equal a total of 100%.

Primary beneficiary (s): This is your first choice of the person (s) or entity to which the policy proceeds will be paid at the time of a claim. If more than one person is named, payment will be made in equal shares to the Primary beneficiary (s) who are living at the time proceeds are payable. If a percentage is indicated and a Primary beneficiary (s) is not alive at the time proceeds are payable, the percentage of that beneficiary's designated share will be divided equally among the surviving Primary beneficiary (s) unless otherwise indicated.

Contingent beneficiary (s): If the Primary Beneficiary (s) is deceased or the entity is not in existence at the time the policy becomes a claim, the death benefit is then paid to the Contingent beneficiary. If more than one person is named, payment will be made in equal shares to the Contingent beneficiary (s) who are living at the time proceeds are payable. If a percentage is indicated and a Contingent beneficiary (s) is not alive at the time proceeds are payable, the percentage of that beneficiary's designated share will be divided equally among the surviving Contingent beneficiary (s) unless otherwise indicated.

The following are examples of the most common beneficiary designations:

- Mary J. Doe (not Mrs. John Doe).
- Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son.
- Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son, in equal shares, if they are both living, otherwise to whichever of them survive me.
- Estate of the Insured.
- Mary J. Doe 50%, Wife, Jane Doe 25%, Daughter, and Joseph W. Doe 25%, Son, in the event of one of their deaths their portion shall be divided equally among the remaining designations.

A legal advisor should be consulted to discuss any questions or concerns on how a beneficiary designation should be written.

Beneficiary Change Form

Ameritas Life Insurance Corp. ("Company") P.O. Box 81889, Lincoln, NE 68501 / 800-745-1112, Fax 402-467-7335

Policy Number: _____

Name of Insured/Annuitant: _____

This form operates to change only the beneficiaries for the following:

Check appropriate box(es)

☐ Insured/Basic

☐ Covered Insurance Rider – Self

☐ Covered Insurance Rider – Other

☐ Annuity Owner

☐ Annuitant* (Annuitant driven policies only)

**Separate form required for each designation*

1. Designation of Beneficiary

If a named beneficiary is a trust, complete a Trust Information form UN 2947 and submit it along with this form.

1021

The undersigned policyowner hereby revokes any previous beneficiary designations with respect to any proceeds payable at the death of the Insured(s) designated above. **If an ownership and beneficiary change need to be made simultaneously, please use the UN 3379 A form instead of this one.**

As in all legalities, our records are only as valid as the information known to us and are subject to any outstanding or future legal proceedings such as; divorce or bankruptcy.

Primary beneficiary: Receives any proceeds payable at the insured's death

- The policy's death benefit will be paid to multiple beneficiaries in equal shares unless otherwise indicated.
- If additional space is needed, please write "See Attached" on this form and attach an additional page. Please sign and date this form as well as the additional pages(s).

Primary Full Name(s)	%	Address: Street City / State / ZIP	Relationship to Insured	Date of Birth or Date of Trust	SSN/TIN

Total: 100%

Contingent Full Name(s)	%	Address: Street City / State / ZIP	Relationship to Insured	Date of Birth or Date of Trust	SSN/TIN

Total: 100%

2. Declarations and Signatures | Form will be returned if this section is incomplete.

FRAUD NOTICE: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application or files a claim or other document containing a false or deceptive statement is guilty of insurance fraud.

The undersigned hereby declares that:
(1) I own the above policy and request the actions indicated, knowing community property law may require spouse consent; and
(2) No bankruptcy proceedings are now pending against the owner.

Community Property States: The following are community property states and we request a spouse's signature (on Other Required Signature line) to process your chosen service request: California, Washington, Arizona, Nevada, New Mexico, Idaho, Wisconsin, Texas and Louisiana.

Date: _____
Month Day Year

X _____
Signature of Owner

X _____
Signature of Joint Owner

Print or Type Name of Owner

Print or Type Name of Joint Owner

X _____
Other Required Signature

Print or Type Other Required Name

IF BUSINESS OWNED: Please check appropriate box: ☐ Individual/Sole Proprietor ☐ Corporation ☐ Partnership ☐ Trustee

Business Name

X _____
Signature of Officer/Partner/Trustee

Print or Type Officer/Partner/Trustee

X _____
Witness Signature (only required in MA)
*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.

Date

Definitions

Trustor(s)/Grantor(s)/Settlor(s): The individual(s) who creates a trust and who gives (transfers) property to the trust.

Trustee(s): The individual(s) and/or institution(s) named by the trustor(s)/grantor(s)/settlor(s) to act on behalf of the trust according to the terms of the trust document.

Policy Number: _____

Name of Insured/Annuitant: _____

Trust is: ☐ Owner ☐ Beneficiary *(Owner signature is required for Trust beneficiary changes)*

1. Trust Information

This section asks for specific information that must be obtained from the Trust document. You must complete every line.

In consideration of the Company opening and/or maintaining one or more policies for the Trust named below, we the undersigned, Trustees, represent and verify as follows:

Trust Type is: ☐ Revocable ☐ Irrevocable

Full Name of the Trust			
Date of the Trust		Tax Identification Number used for the Trust	
Name(s) of the Trustor(s)/Grantor(s)/Settlor(s)			
Name(s) of the Trustee(s)			
Trust Address	City	State	ZIP

Please indicate the type of investments permitted within the powers of the Trust.

I/We represent and verify that I/We have power under the Trust and applicable law to enter into transactions, both purchases and sales, of the types specified below: Please indicate the products permitted within the powers of the Trust. *(check all applicable products)*

☐ Life Insurance ☐ Annuities ☐ Other: _____

The Trustee(s) may act: ☐ Singly Must act: ☐ Jointly ☐ Other *(explain):* _____

2. Change of Trustee(s)

Is this form being completed to change the Trustee only? ☐ Yes ☐ No

If yes, one of the following is required: the previous Trustee's signature, a resignation letter from the previous Trustee, a copy of the death certificate (if previous Trustee is deceased) or a physician's statement if the previous trustee is incapacitated.

New Trustee #1 *(Print Name)*: _____

Trust #1 Address	City	State	ZIP
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New Trustee #2 *(Print Name)*: _____

Trust #2 Address	City	State	ZIP
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New Trustee #3 *(Print Name)*: _____

Trust #3 Address	City	State	ZIP
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New Trustee #4 *(Print Name)*: _____

Trust #4 Address	City	State	ZIP
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3. Representations and Verifications

I/We confirm that the Trust referred to in this document was properly executed and remains in-force as of the date this form is signed.

I/We represent and verify that the proposed transactions are within the powers of the Trust Agreement, and I/we am/are authorized as Trustee(s) of the Trust to conduct this transaction.

I/We represent(s) and verify to the Company that I/We constitute all of the authorized Trustee(s) of the Trust. The Company will not be required to inquire into the terms of the Trust Agreement and will not be charged with knowledge of the terms of the Trust Agreement. Trustee(s) has (have) the authority to sell, assign, exchange or alter any of the life insurance or annuity policies listed above. The Company is not obligated to inquire into any action taken by Trustee(s). The Company is released from any liability for actions taken in reliance upon this Form, and any change to the information on this Form must be made in writing. Any change will not be binding on the Company until received by the Company's offices. I/We agree to promptly inform the Company in writing, of any amendment to the Trust, any change in the composition of the Trustee(s), or any other event which could materially alter the Trust.

If this form is a change of Trustee(s) the undersigned Trustee(s) represent and verify that the replacement Trustee(s) has (have) the same rights and powers as the previous Trustee(s) and that the replacement Trustee(s) is (are) fully qualified to act for the Trust according to the terms of the Trust.

As Trustee(s) of the aforementioned Trust, I (we) certify under penalty of perjury that the stated tax identification number in Section 2 is the correct tax identification number for the Trust.

I/We, the Trustee(s), jointly and severally indemnify the Company and hold the Company harmless from any liability for effecting any policy transactions pursuant to instructions given by any of the Trustee(s) listed below. It is understood and agreed that the Company shall not be responsible for the application or disposition of the proceeds by the Trustee(s) and the payment of the proceeds to the Trustee(s) shall fully and finally discharge the Company from all liability under the Policy(ies).

I/We have received and understand the terms of this document and have not relied on any representation or advice by the Company or its representatives regarding the legal or tax effects of this Trust Information Form.

The Company is authorized to accept instructions, including policy and distribution privileges, from those individual or entities listed below. I/We hereby represent, verify and attest UNDER PENALTY OF PERJURY that the undersigned are the Trustees authorized to conduct this transaction.

Date: _____
Month Day Year

X _____
Signature of Trustee (or Owner if only changing beneficiary)

Print or Type Name of Trustee

X _____
Signature of Trustee

Print or Type Name of Trustee

X _____
Signature of New Trustee

Print or Type Name of New Trustee

X _____
Signature of New Trustee

Print or Type Name of New Trustee

X _____
Signature of Trustee (or Multiple Owner if only changing beneficiary)

Print or Type Name of Trustee

X _____
Signature of Trustee

Print or Type Name of Trustee

X _____
Signature of New Trustee

Print or Type Name of New Trustee

X _____
Signature of New Trustee

Print or Type Name of New Trustee

Federal law requires all financial institutions, including Insurance Companies, to obtain, verify, and record information that identifies each person who opens an account. This may include name, address, date of birth, and other information that will allow the Company to identify you. This will assist them in ensuring that your information is secure.

We recommend you seek the advice of your tax and/or legal counsel with any questions you may have concerning your Trust.

The Company reserves the right to request, when deemed necessary, a copy of the Trust Document and other documentation in addition to this executed form.