

BENEFICIARY CHANGE REQUEST

NOTE: No beneficiary change is final. Any future beneficiary change must be provided in writing and will cancel all prior beneficiary designations for any amounts payable following the death of the Claimant/Payee.

The Policy Owner must approve all beneficiary change requests. Approval is subject to the terms of the settlement documents. If the settlement documents do not give you this right, your change may not be approved.

None of the Periodic Payments may be accelerated, deferred, increased or decreased.

Policy Number

Claimant/Payee Name

Claimant/Payee Resident – Street Address

Claimant/Payee Resident – City, State and Zip

Claimant/Payee Telephone Number

Claimant/Payee Social Security Number

Claimant/Payee Signature*

Joint Claimant/Payee Signature

Date

*Note: In states having community property laws,** the spouse of the Claimant/Payee must also join and consent to naming a beneficiary other than the spouse.

Notarized Signature of Spouse

Date

** Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin

NOTARIZATION

Please have a notary complete the following information.

State of

County of

On (date)

Before me (name of notary)

Personally appeared (name of Payee)

Personally appeared (name of Joint Payee)

Personally known to me - OR - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is / are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature. WITNESS my hand and official seal.

Signature of Notary

TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
TRANSAMERICA LIFE INSURANCE COMPANY

If more than one primary or contingent beneficiary is being requested, please indicate the division of amounts payable (e.g., equally to the beneficiaries, 50%, etc.), otherwise proceeds will be paid equally to all primary beneficiaries surviving the Claimant/Payee. If all primary beneficiaries have predeceased the Claimant/Payee, remaining guaranteed payments will be paid to the surviving contingent beneficiaries. If there are no surviving beneficiaries, proceeds are payable to the Claimant/Payee's Estate.

If more space is needed, please list additional beneficiary information on a separate sheet and sign the request.

Beneficiary Type (check one)

Primary Contingent Beneficiary Percentage _____

Beneficiary (full name)

Beneficiary Resident – Street Address

City, State and Zip

Beneficiary Phone Number

Beneficiary Social Security Number Beneficiary Date of Birth

Relationship to Claimant/Payee

Beneficiary Type (check one)

Primary Contingent Beneficiary Percentage _____

Beneficiary (full name)

Beneficiary Resident – Street Address

City, State and Zip

Beneficiary Phone Number

Beneficiary Social Security Number Beneficiary Date of Birth

Relationship to Claimant/Payee

Mailing and Overnight Address:

Administrative Offices

P. O. Box 305291

Nashville, TN 37230-5291

Phone: 800.866.0002

Fax: 888.560.4860