

CHANGE OF BENEFICIARY REQUEST (Primary Beneficiary Changes)

Western Reserve Life Assurance Co. of Ohio
 4333 Edgewood Rd. NE, Cedar Rapids, IA 52499
 Phone Number (800) 851-9777 Fax Number: (727) 299-1620

Transamerica Life Insurance Company
 4333 Edgewood Rd. NE, Cedar Rapids, IA 52499
 Phone Number (800) 322-7164 Fax Number (727) 299-1620

POLICY NUMBER(S) 013498289 OWNER DAMMON, DAVID *DD*
 INSURED DAMMON, DAVID JOINT OWNER (IF ANY) _____

PLEASE NOTE:

If the primary beneficiary designation section is in good order, it will revoke previous primary beneficiary designations. Primary and Contingent beneficiary(ies) need to be restated even if they are not being changed.

Example: If you are changing only the primary beneficiary(ies), you must restate the contingent beneficiary(ies).

Faxes will be accepted

- Primary beneficiary(ies) will receive any proceeds payable at the insured's death.
- If no primary beneficiary(ies) survives the insured, the contingent beneficiary(ies) will receive any proceeds.
- If no beneficiary(ies) survive the insured, any proceeds will go to the owner's estate

PRIMARY BENEFICIARIES (REQUIRED) Section A	Date of Birth or Trust date	Percentage (for multiple beneficiaries)	Relationship to Insured
Name <u>Teresa Dammon</u> Address <u>117 N. Queens Dr. Slidell, LA 70458</u> Social Security # <u>433-02-5689</u>	<u> / / </u> 7/26/1954	<input type="checkbox"/> share equally or <u>100</u> %whole number only, no decimals or fractions	Wife
Name <u>N/A</u> Address _____ Social Security # _____	<u> / / </u>	<input type="checkbox"/> share equally or _____ %whole number only, no decimals or fractions	
Name <u>N/A</u> Address _____ Social Security # _____	<u> / / </u>	<input type="checkbox"/> share equally or _____ %whole number only, no decimals or fractions	
Name <u>N/A</u> Address _____ Social Security # _____	<u> / / </u>	<input type="checkbox"/> share equally or _____ %whole number only, no decimals or fractions	
Name <u>N/A</u> Address _____ Social Security # _____	<u> / / </u>	<input type="checkbox"/> share equally or _____ %whole number only, no decimals or fractions	

Total 100%

*If more than one primary or contingent beneficiary is designated, proceeds will be divided equally among survivors within the class unless otherwise indicated.
 Please print clearly using blue or black ink.*

CHANGE OF BENEFICIARY REQUEST (Contingent Beneficiary Changes)

POLICY NUMBER(s) 013498289 OWNER DAMMON, DAVID DD
 JOINT OWNER (IF ANY) _____

PLEASE NOTE:

If the Contingent Beneficiary designation section is in good order, it will revoke previous contingent beneficiary designations. Contingent and Primary beneficiary(ies) need to be restated even if they are not being changed.

(Failure to do so will result in any current contingent beneficiaries being removed).

Example: If you are changing only the contingent beneficiary(ies), you must restate the primary beneficiary(ies).

Faxes will be accepted

- Primary beneficiary(ies) will receive any proceeds payable at the insured's death.
- If no primary beneficiary(ies) survives the insured, the contingent beneficiary(ies) will receive any proceeds.
- If no beneficiary(ies) survive the insured, any proceeds will go to the owner's estate

CONTINGENT BENEFICIARIES Section B	Date of Birth or Trust date	Percentage (for multiple beneficiaries)	Relationship to Insured
Name <u>Cori Kelly</u> Address <u>42777 Vestals Gap Dr. Ashburn, VA, 20148</u> Social Security # <u>435-27-7441</u>	<u>10/10/1975</u> / /	<input checked="" type="checkbox"/> share equally or _____ %whole number only, no decimals or fractions	Daughter
Name <u>Shane Ming</u> Address <u>1901 Old Mineral Wells Hwy. Weatherford, TX 76088</u> Social Security # <u>451-73-4518</u>	<u>11 /13/1973</u> / /	<input checked="" type="checkbox"/> share equally or _____ %whole number only, no decimals or fractions	Son
Name <u>David Dammon Jr.</u> Address <u>410 Terrace Dr. Ozona, TX 76943</u> Social Security # <u>574-80-6682</u>	<u>12/16/1977</u> / /	<input checked="" type="checkbox"/> share equally or _____ %whole number only, no decimals or fractions	Son
Name <u>Camille Allen</u> Address <u>410 Terrace Dr. Ozona, TX 76943</u> Social Security # <u>574-80-6681</u>	<u>2/26/1980</u> / /	<input checked="" type="checkbox"/> share equally or _____ %whole number only, no decimals or fractions	Daughter
Name <u>N/A</u> Address _____ Social Security # _____	<u>/ /</u>	<input type="checkbox"/> share equally or _____ %whole number only, no decimals or fractions	

Total 100%

If more than one primary or contingent beneficiary is designated, proceeds will be divided equally among survivors within the class unless otherwise indicated.

Please print clearly using blue or black ink.

CHANGE OF BENEFICIARY REQUEST

DD

Revocable Beneficiary: The owner may change a revocable beneficiary at any time without the beneficiary's consent.

Irrevocable Beneficiaries: If a beneficiary is to be considered Irrevocable please indicate this next to the beneficiaries name. The owner may NOT change the irrevocable beneficiary without the consent of the irrevocable beneficiary. An irrevocable beneficiary has a vested interest in the proceeds of the policy; therefore, the policy owner cannot exercise certain rights without the permission of the irrevocable beneficiary.

If additional space is required please attach a separate page with all required information (i.e., Policy No., Owner's signature and Date).

If any beneficiary is NOT a U.S. Citizen please indicate the country(ies) of citizenship _____

Signature of Owner *David Dammon* Date *7/26/2012*
(Required)
David Dammon
Print Name / Title (POA, Trustee, Guardian, etc..)

Signature of Joint Owner /Partnership _____ Date _____
Signature of the Joint Owner is required for jointly owned policies. (Required, if applicable)

Signature of Spouse _____ Date _____
(Required, if applicable)

Non-related witness _____ Date _____
Signature of the Owner in Massachusetts must be witnessed by someone non-related and other than a named beneficiary. Must be over 18 years of age.

Signature of Irrevocable Beneficiary _____ Date _____
Signature of Irrevocable Beneficiary is required when designated. (Required, if applicable)

Signature of Irrevocable Beneficiary _____ Date _____
Signature of Irrevocable Beneficiary is required when designated. (Required, if applicable)

Signature of Irrevocable Beneficiary _____ Date _____
Signature of Irrevocable Beneficiary is required when designated. (Required, if applicable)

This request may be mailed or faxed.

Please Note: If you reside(d) in one of the following community property jurisdictions (AZ, CA, ID, LA, NM, NV, TX, WA, WI, Puerto Rico and Guam), you may wish to consult with your legal or tax advisor prior to making changes to your policy.

FOR CORPORATIONS ONLY:
If the Owner is a corporation, complete the following corporate acknowledgement and submit a copy of the resolution of the Board of Directors authorizing execution of this Change of Beneficiary or complete the Entity Certification Form.
STATE OF _____ County of _____ on this _____ day of _____, _____, before me personally came _____, who being by me duly sworn, did depose and say that s/he resides in _____, that s/he is the _____ of _____, the corporation described herein, and which executed this Change of Beneficiary; that s/he knows the seal of said corporation; the seal affixed to said Change of Beneficiary is such corporation; that it was affixed by order of the Board of Directors; and that s/he signed her/his name thereto.
My commission expires _____ Notary Public _____