Transamerica Premier Life Insurance Company
Transamerica Financial Life Insurance Company
Transamerica Life Insurance Company

Beneficiary Change Form

Fax Number 1-866-592-4535
Administrative Office located at: 4333 Edgewood Rd. NE, Cedar Rapids, IA 52499

Section 1: Policy Information

Policy Number(s)_{Policy_Num} 013498289 Owner__{Owners_Name} David Dammon
Owner Address 285 Cross Gates Blvd City/State/Zip Slidell, LA 70461
Insured _{Insured_Name} David Dammon Insured Phone No. (985) 285-4657
Insured Social Security No. 438-96-2519 Insured Birth Date April 23, 1956
Insured Address 285 Cross Gates Blvd City/State/Zip Slidell, LA 70461

Section 2: Primary Beneficiary Information (If completed, revokes prior designations)

- **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 page(s).

Primary Beneficiary(ies) If this section is left blank, current contingent beneficiary designations will be revoked.	
Name Teresa Lee Dammon Relationship Spouse Birth or Trust Date July 26, 1954 Address 285 Cross Gates Blvd City/State/Zip Slidell, LA 70461 Phone Number (318) 617-0659 SSN or Tax ID Number 433-02-5689	☐ share equally OR 100 %
Name _____ Relationship _____ Birth or Trust Date _____ Address _____ City/State/Zip _____ Phone Number _____ SSN or Tax ID Number _____	☐ share equally OR _____ %
Name _____ Relationship _____ Birth or Trust Date _____ Address _____ City/State/Zip _____ Phone Number _____ SSN or Tax ID Number _____	☐ share equally OR _____ %
Name _____ Relationship _____ Birth or Trust Date _____ Address _____ City/State/Zip _____ Phone Number _____ SSN or Tax ID Number _____	☐ share equally OR _____ %
Primary Beneficiary Percentage Total (must equal 100%)	_____ %

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Section 3: Contingent Beneficiary Information

- **Contingent beneficiary**: Receives proceeds only if no primary beneficiary(ies) survives the insured.
- Primary and contingent beneficiaries cannot be the same.

Contingent Beneficiary(ies) **If this section is left blank, current contingent beneficiary designations will be revoked.**	
Name ________ **Relationship** ________ **Birth or Trust Date** ________ **Address** ________ **City/State/Zip** ________ **Phone Number** ________ **SSN or Tax ID Number** ________	☐ **share equally** **OR** ______**%**
Name ________ **Relationship** ________ **Birth or Trust Date** ________ **Address** ________ **City/State/Zip** ________ **Phone Number** ________ **SSN or Tax ID Number** ________	☐ **share equally** **OR** ______**%**
Name ________ **Relationship** ________ **Birth or Trust Date** ________ **Address** ________ **City/State/Zip** ________ **Phone Number** ________ **SSN or Tax ID Number** ________	☐ **share equally** **OR** ______**%**
Name ________ **Relationship** ________ **Birth or Trust Date** ________ **Address** ________ **City/State/Zip** ________ **Phone Number** ________ **SSN or Tax ID Number** ________	☐ **share equally** **OR** ______**%**
Contingent Beneficiary Percentage Total (must equal 100%)	______**%**

PLEASE SIGN AND DATE FORM ON PAGE 3 ➡

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Section 4: Signatures and Date

**Please Note: All policy owners must sign this Beneficiary Designation Form.

If this form is recorded by the Company, such recording does not mean that the Company has passed on the legal adequacy or validity of the change. Please consult your own legal or tax advisor for any such determination.

Unless we have been notified of a community or marital property interest in this policy, we will assume that no such interest exists and will assume no responsibility for inquiring whether such interest exists. By signing this form, the policy owner agrees to indemnify and hold us harmless from the consequences of making the changes requested in this document.

➡ Owner Signature David Dammon (Required) ➡ Date 9/7/2018

Joint Owner Signature (if applicable) _____ Date _____

Joint Owner Signature (if applicable) _____ Date _____

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

If you have designated a beneficiary as irrevocable, the irrevocable beneficiary must sign this form. The irrevocable beneficiary must also sign any future beneficiary change requests. Please see Instructions.

Signature of Irrevocable Beneficiary: _____ (if applicable) Date _____

A confirmation of the change will be mailed to the owner's address of record, unless one of the below options is selected. If there is more than one owner, please designate one email address or fax number.

By selecting the email or fax option below, I understand that confirmation will <u>not</u> be sent in paper form.

XX I would like confirmation of this change, or any questions related to the requested change, securely emailed to me at the email address provided below.

Email Address (Print) david.dammon@gmail.com

____ I would like confirmation of this change, or any questions related to the requested change, faxed to the fax number below.

Fax Number _____