

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

Beneficiary Change Form

Mailing Address: Valley Forge, PA 19493

FAX 888-609-1629

Section A: Instructions and Signature Requirements

BUSINESS/ENTITY-OWNED POLICIES: If a corporation, partnership or institutional body is the policy owner, an Entity Certification Form or a copy of a Corporate Resolution must be on file with the Company or submitted with this Beneficiary Change Form.

TRUST-OWNED POLICIES: The complete name and date of the trust should be listed in Section 1. Trustee(s) must sign in Section 4, and include their title as trustee(s). A Trustee Certification Form and a copy of a Corporate Resolution, if applicable, for a corporate trustee, must be on file or included with this Beneficiary Change Form.

GUARDIAN OR CONSERVATOR: A court-appointed guardian of the estate or conservator may sign on behalf of the policy owner in accordance with state laws or pursuant to a specific court order. A copy of the letters of guardianship/conservatorship must be on file with the Company or submitted with this Beneficiary Change Form and any applicable court order.

POWER OF ATTORNEY: An agent acting under a Power of Attorney on behalf of the policy owner must sign in his/her capacity in Section 4. A complete copy of the Power of Attorney document must be on file with the Company or submitted with this Beneficiary Change Form.

NAMING A FUNERAL HOME AS A BENEFICIARY: When a funeral home is named as the beneficiary, there is a possibility that the proceeds from the policy may exceed the cost of the funeral. The funeral home may not be obligated to refund the remainder of the proceeds. You may have the option to collaterally assign the policy instead. You may wish to speak with your agent, attorney or financial planner for additional information on establishing payment to a funeral home.

COLLATERAL ASSIGNMENTS: Payment of proceeds to any beneficiary is subject to the interest of any collateral assignee on the policy.

IRREVOCABLE BENEFICIARIES: To name your beneficiary as irrevocable, please write "Irrevocable" next to the name of the beneficiary on the form. If a beneficiary is named as irrevocable, the beneficiary designation cannot be changed without the consent of the irrevocable beneficiary. Any irrevocable beneficiary must sign this and any subsequent beneficiary change requests. The irrevocable beneficiary may be required to sign other requests for changes to, or disbursements from, the policy.

TRUST/MINOR BENEFICIARIES: If a trust is named beneficiary, the Company shall not be responsible for the disposition by the trustee of any proceeds paid to the trustee. Any payment to a minor beneficiary shall be made to the legally appointed guardian of the estate or conservator of the minor, unless otherwise permitted by law.

PER STIRPES DESIGNATIONS: A per stirpes designation will direct death benefits to lineal descendants of the beneficiary if the beneficiary is not living at the time of claim. You may wish to seek legal counsel regarding use of per stirpes designations.

PERCENTAGES: Please do not specify dollar amounts. Use percentages totaling 100% for primary and contingent designations. Primary beneficiaries should total 100% and contingent beneficiaries should independently total 100%.

Section B: Sample Beneficiary Designations

TRUST: John Doe Revocable Trust, dated 01/01/1999

IRREVOCABLE BENEFICIARY: Jane Doe, Irrevocable

CORPORATE CREDITOR: ABC Co., Inc., Creditor, a California Corporation, its successors and assigns, as its interest may appear; remainder, if any, to Jane Doe, Spouse

TRUSTEE UNDER LAST WILL AND TESTAMENT: Testamentary trust under the Last Will and Testament of NAME, if created under the will; otherwise, _____ (estate, individual, etc)".

PER STIRPES DESIGNATIONS: John Doe 50%, per stirpes and Jane Doe 50%, per stirpes

Section 1: Policy Information

Policy Number(s) G000034011 Owner City of Dover, Delaware
 Owner Address PO Box 475 City/State/Zip Dover, Delaware 19903
 Insured _____ Insured Phone No. _____
 Insured Social Security No. _____ Insured Birth Date _____
 Insured Address _____ City/State/Zip _____

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, the primary beneficiary will remain as currently listed on policy.	
Name _____ Relationship _____ Birth or Trust Date _____ Address _____ City/State/Zip _____ Phone Number _____ SSN or Tax ID Number _____	<input type="checkbox"/> share equally OR _____%
Name _____ Relationship _____ Birth or Trust Date _____ Address _____ City/State/Zip _____ Phone Number _____ SSN or Tax ID Number _____	<input type="checkbox"/> share equally OR _____%
Name _____ Relationship _____ Birth or Trust Date _____ Address _____ City/State/Zip _____ Phone Number _____ SSN or Tax ID Number _____	<input type="checkbox"/> share equally OR _____%
Name _____ Relationship _____ Birth or Trust Date _____ Address _____ City/State/Zip _____ Phone Number _____ SSN or Tax ID Number _____	<input type="checkbox"/> share equally OR _____%
Primary Beneficiary Percentage Total (must equal 100%)	
_____%	

PLEASE SIGN AND DATE FORM ON PAGE 3 ➡

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 _____	<input type="checkbox"/> share equally OR _____%
Name _____ Relationship _____ Birth or Trust Date _____ Address _____ City/State/Zip _____ Phone Number _____ SSN or Tax ID Number _____	<input type="checkbox"/> share equally OR _____%
Name _____ Relationship _____ Birth or Trust Date _____ Address _____ City/State/Zip _____ Phone Number _____ SSN or Tax ID Number _____	<input type="checkbox"/> share equally OR _____%
Name _____ Relationship _____ Birth or Trust Date _____ Address _____ City/State/Zip _____ Phone Number _____ SSN or Tax ID Number _____	<input type="checkbox"/> share equally OR _____%
Contingent Beneficiary Percentage Total (must equal 100%)	_____%

PLEASE SIGN AND DATE FORM ON PAGE 3 ➡

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 _____ ➡ Date _____

Joint Owner Signature _____ Date _____
(if applicable)

Joint Owner Signature _____ Date _____
(if applicable)

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: _____ Date _____
(if applicable)

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 not be sent in paper form.

 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) _____

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

Fax Number _____