



☐ Transamerica Occidental Life Insurance Company  
☐ Transamerica Life Insurance Company  
4333 Edgewood Road NE  
Cedar Rapids, IA 52499

## Beneficiary Designation Form

For Life Insurance Policies

**Policy Number:** \_\_\_\_\_ **Insured's Name:** \_\_\_\_\_

Owner's Name		
Address		
City	State	Zip

The recorded designation form will be mailed to the address shown at the left, unless otherwise indicated below and initialed by the owner.

Return Owner's Copy to:

Owner's Initials

☐ General Agency/GA Code \_\_\_\_\_

☐ Fax to: (       ) \_\_\_\_\_

☐ Check if new address update is needed.

This Beneficiary Designation cancels all prior Beneficiary Designations and settlement agreements for the policy, identified by the number above, herein called the 'Policy'. Please see instructions, signature requirements, special provisions and sample Beneficiary Designations before completing this Form. The Policy's Death Benefit shall be paid in one sum to the designated beneficiary(ies), unless otherwise requested.

**BENEFICIARY: Print full name, address and relationship to Insured. For multiple beneficiaries of unequal shares, indicate each beneficiary's share in parts or as a percentage of the Policy's Death Benefit next to their names. (See reverse for additional instructions).**

**Primary Beneficiary(ies): If more than one beneficiary is named, payment will be made in equal shares to the survivor(s), unless otherwise indicated.**

<i>Name (list below)</i>	<i>Address (list below)</i>	<i>City, State, Zip Code (list below)</i>	<i>Relationship (list below)</i>
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**Contingent Beneficiary(ies): Receives proceeds at the death of the Insured only if all of the Primary Beneficiaries predecease the Insured.**

<i>Name (list below)</i>	<i>Address (list below)</i>	<i>City, State, Zip Code (list below)</i>	<i>Relationship (list below)</i>
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**Signatures** (Signature Requirements on Reverse Side)

**DATE SIGNED:** \_\_\_\_\_

Print **Current** Owner's Complete Name

**Current** Owner's Daytime Telephone Number

**Current** Owner's Social Security Number/Tax ID Number

X \_\_\_\_\_  
Irrevocable Beneficiary Signature (if applicable)

**Current** Owner's Signature (include Title, if Business or Trust)

Owner's email address (optional)

**Current** Owner's Signature (include Title, if Business or Trust)

X \_\_\_\_\_  
Witness Signature

X \_\_\_\_\_  
Address of Witness



TOB 306M-1005

**BENEFICIARY DESIGNATION**

Rev. 07/07

The Beneficiary Designation has been recorded by the Company's Administrative Offices. The Company assumes no legal responsibility for the sufficiency or validity of the Beneficiary Designation.

Date recorded: \_\_\_\_\_

By: \_\_\_\_\_

## Instructions

- Be sure to show the Policy Number and Insured's Name at the top of this form. Use a separate form for each Policy.
- Do not send the Policy. Once the Beneficiary Designation has been recorded, a copy will be sent as confirmation of the change.
- If a beneficiary is a married woman, furnish her given name, e.g. "Mary S. Doe," not "Mrs. John A. Doe"
- Restate the entire designation, even if only changing a part of the designation.
- Do not specify dollar amounts. Instead, use parts or percentages (percentages must total 100%).
- If additional space is required please attach separate page including Policy No., Date Signed, and Owner's Signature.

## Signature Requirements

INDIVIDUAL OWNER(S) - Individual must sign on the line provided for "Owner."

PARTNERSHIP IS THE OWNER - Two authorized partners must sign below the name of the partnership, the title "Partner" must follow each signature.

CORPORATION IS THE OWNER - One officer (not the Insured) must sign below the name of the corporation. The officer's title (President, General Manager, Vice President, Secretary or Assistant Secretary) must follow the signature. A corporate resolution is required to support any other signature.

TRUST IS THE OWNER - The trustee(s) must sign above wording similar to the following: "John Doe, trustee under XYZ Trust dated June 1, 1984."

BENEFICIARIES - Any irrevocable beneficiary must sign subsequent beneficiary designation changes.

GUARDIAN OR CONSERVATOR OR AGENT ACTING UNDER A POWER OF ATTORNEY - The signature of a guardian or conservator or an agent acting under a power of attorney, (whichever applies) must sign on behalf of the Owner. Certified copies of the letters of guardianship/conservatorship and the court order that authorizes the change must also be submitted. A complete copy of the Power of Attorney document must be submitted. The Questionnaire to Accompany Power of Attorney and the Affidavit of Agent for Power of Attorney should also be submitted.

COMMUNITY PROPERTY STATES - In states with community property laws (currently AZ, CA, ID, LA, NV, NM, TX and WA), or states having marital property laws (currently Wisconsin), the Owner's spouse should also sign this form if the Policy is community property. Consult your legal advisor.

## Special Provisions

IF THE BENEFICIARY DIES - The interest of any beneficiary who dies before the Insured will terminate at the death of the beneficiary. The interest of any beneficiary who dies at the time of, or under certain policies within 30 days after the Insured's death, will also terminate if no proceeds have been paid to the beneficiary. If the interest of all named beneficiaries has terminated, any proceeds payable will be paid to the Owner of the Policy. If the Owner is not living at that time, any proceeds payable will be paid to the executor or administrator of the Owner's estate.

If any trust is named beneficiary, the Company shall not be responsible for the disposition by the trustee of any proceeds paid to such trustee.

Payment of proceeds to any beneficiary is subject to the interest of any assignee, whether collateral or otherwise.

Living children designated as beneficiaries must be named specifically whenever unborn children of the Insured are designated as beneficiaries. Any payment to a minor beneficiary shall be made to the legally appointed guardian of the minor, unless otherwise permitted by law.

Request for special settlement arrangements must be sent to the Company for preparation of the proper settlement agreement.

## Sample Beneficiary Designations

### ♦ ONE PRIMARY AND ONE CONTINGENT:

Primary: Jane Doe, Wife  
Contingent: John Doe, Jr., Son

### ♦ ONE BENEFICIARY:

Primary: Jane Doe, Wife

### ♦ INSURED'S ESTATE:

Primary: The Executor or Administrator of the Insured's Estate

### ♦ TRUSTEE UNDER TRUST:

Primary: ABC Bank, Anytown, CA 12345, Trustee under XYZ Trust,  
dated \_\_\_\_\_

### ♦ SPOUSE OF INSURED OTHERWISE CHILDREN:

Primary: Jane Doe, Wife  
Contingent: Any children born of the marriage of the Insured and said wife  
(living children must be named)

OR

Primary: Jane Doe, Wife  
Contingent: John Doe, Jr., Son and any other children of the Insured (living children must be named)

### ♦ TWO BENEFICIARIES IN UNEQUAL AMOUNTS:

Primary: Jane Doe, Mother, 2 parts; John Doem Brother, 1 part

### ♦ IRREVOCABLE BENEFICIARY:

Primary: Jane Doe, Former Wife of the Insured, irrevocably designated.

### ♦ PER STIRPES DESIGNATIONS:

Primary: Jane Doe, Wife  
Contingent: John Doe, Jr., Son and any other children born of the marriage of the Insured and said wife who are living, and per stirpes to the children who are living of any deceased children of the Insured and said wife.

OR

Primary: Jane Doe, Wife  
Contingent: Equal shares to John Doe, Jr. Son and Mary Doe, Daughter and per stirpes to the children who are living of any deceased children of the Insured. If there be no surviving beneficiaries, payment shall be made to Mary Doe, Mother of the Insured.

### ♦ CORPORATE CREDITOR:

Primary: ABC Co., Inc., Creditor of the Insured, a California Corporation, its successors and assigns, as its interest may appear, remainder, if any, to Jane Doe, Wife.

### ♦ INDIVIDUAL CREDITOR:

Primary: John Doe, Creditor, as his interest may appear, if living, otherwise to the Executor or Administrator of said creditor's estate as their interest may appear, remainder, if any, to Jane Doe, Wife.

### ♦ TRUSTEE UNDER LAST WILL AND TESTAMENT:

Primary: The trustee or successor trustee, under the last will and testament of the Insured as admitted to probate. However, should the Insured die intestate or if no trust is created, then to the Executor or Administrator of the Insured's estate.

