

## Annuitization Start Date Change Request Form

Client Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

- Please complete fields below.
- Please return completed form to address above.

I would like to change my Annuitization Start Date to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(MM) (DD) (YYYY)

I understand that I may choose to annuitize my contract any time prior to my Annuitization Start Date. I also understand that if my contract is still active, I will receive a communication when my Annuitization Start Date approaches.

\_\_\_\_\_  
Annuity Owner Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(MM) (DD) (YYYY)

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