CommonWealth Annuity
CommonWealth Annuity and Life Insurance Company

Regular Mail:
PO BOX 758550
Topeka, KS 66675-8550

Policy Contract Change

☐ **Commonwealth Annuity and Life Insurance Company**   ☐ **First Allmerica Financial Life Insurance Company**

NOTE: SEE REVERSE SIDE FOR PROPER ENTRY AND INSTRUCTIONS

INSURED	POLICY(IES) (ENTER CONSECUTIVE NO. ONLY)	AGENCY

AGENCY DATA (Required for change in plan only)

GENERAL AGENT	WRITING AGENT

in regard to the above – mentioned policy(ies) the undersigned (requests) (declares) the following:

If this application is for the conversion, split or exchange of the policy the beneficiary(ies) revocable or irrevocable, as the case may be, and the mode of payment under the new policy(ies) shall be the same as currently in effect in the policy to which this application relates.

The above change shall become effective upon the receipt and acceptance of this request by the Company at its Office.

COLLATERAL ASSIGNEE'S SIGNATURE, IF APPLICABLE	OWNER'S SIGNATURE	
BENEFICIARY'S SIGNATURE, IF APPLICABLE	SIGNED AT	DATE

THIS SPACE RESERVED FOR OFFICE ENTRIES

THE FOLLOWING ARE PROCESSED BY PREMIUM SERVICES

NON-FORFEITURE OPTION CHANGES – Use Form 05058 A Policyowner Service Request

THE FOLLOWING ARE PROCESSED BY THE TITLE ELEMENT

NAME STATEMENT (Execute in duplicate. Send both copies to Office)

    4.   That the correct name of the (insured) (owner) (beneficiary) is_____

    and that (he) (she) is the same person as _____. The reason for the
name change is _____.

RIGHT OF OWNER TO CHANGE BENEFICIARY (Execute in duplicate. Send both copies to Office)

<u>Irrevocable to Revocable</u>   5.   Amend the policy by reserving unto the owner the right to change and successively change the beneficial interest without the consent of any beneficiary.

    NOTE: Owner and beneficiary must sign.

<u>Revocable to Irrevocable</u>   6.   Amend the policy by revoking the owner's right to change the beneficial interest without the beneficiary's consent.

    NOTE: Owner must sign

DISCHARGE OF COLLATERAL ASSIGNMENT

    7.   For value received the assignment of said policy(ies) is hereby released.

MISCELLANEOUS

    8.   Add joint and survivorship annuity options.

    9.   Withdrawal of $_____ from Certificate of Indebtedness to be made as of _____.

    10. Record that the beneficiary _____ my _____
                                     (name)   (relationship)

    died _____20_____ at_____ which I certify to be true.