

# Annuity Service Request



Home Office: Lansing, Michigan  
[www.jackson.com](http://www.jackson.com)

**USE DARK INK. PRINT OR TYPE. SIGN AND DATE ON PAGE 4.**

Current Owner's Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	SSN/TIN (include dashes)
Joint Owner's Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	SSN (include dashes)
Current Annuitant's Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)	SSN (include dashes)

Contract No(s).

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Owner's Daytime Phone No. (include area code)	Joint Owner's Daytime Phone No. (include area code)
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## Ownership Change

- If multiple Owners, the first Owner's designated SSN/TIN will be used on the policy.
- Please be aware that CHANGING OWNERSHIP on a **non-qualified annuity contract** may be a taxable event to the previous owner. We recommend that you discuss the matter with a tax adviser.
- Ownership changes for qualified annuity contracts will be considered an IRA rollover.
- Ownership changes, including changes to the Owner, Joint Owner, Annuitant, Joint Annuitant, Contingent Annuitant and primary Spousal Beneficiary may not be available on Variable Annuity contracts with the presence of certain optional benefits. Please refer to your prospectus or optional benefit endorsement for additional information. You may also contact our Service Center at the phone number on page 4 of this form for additional assistance.
- For variable annuities, the Guaranteed Minimum Death Benefit (GMDB) will be recalculated from the original issue date of the contract based on the new owner's age as of that date if the benefit allows for a change in the Owner. This may result in a change in the current and future benefits provided by the GMDB, including a change in the roll-up percentage and/or the dates associated with the benefit features and calculations. If the new owner's age as of the contract's issue date exceeds the maximum issue age for the GMDB endorsement attached to the contract (if any), the GMDB endorsement will be terminated, all benefits under the endorsement will cease, and thereafter no GMDB charge will be assessed. GMDB charges assessed prior to the change in ownership will not be refunded. The GMDB endorsement may not be reinstated upon a subsequent change in ownership.
- Joint ownership changes may be restricted. Contact the Service Center for more information.

<b>New Owner Name</b>			SSN/TIN (include dashes)
Relationship	Date of Birth or Date of Trust (mm/dd/yyyy)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-Mail Address
Home Address (number, street, city, state, and ZIP)			Phone No. (include area code)

<b>New Joint Owner Name</b>			SSN/TIN (include dashes)
Relationship	Date of Birth or Date of Trust (mm/dd/yyyy)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-Mail Address
Home Address (number, street, city, state, and ZIP)			Phone No. (include area code)



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**Annuitant Change**

Joint annuitants must be the same as Joint Owners on ELI<sup>SM</sup> Multi and ELITE 500<sup>®</sup> contracts if Owners are spouses.

<b>New Annuitant Name</b>				SSN/TIN (include dashes)
Relationship	Date of Birth (mm/dd/yyyy)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-Mail Address	
Home Address (number, street, city, state, and ZIP)				Phone No. (include area code)
<b>New Joint Annuitant Name</b>				SSN/TIN (include dashes)
Relationship	Date of Birth (mm/dd/yyyy)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-Mail Address	
Home Address (number, street, city, state, and ZIP)				Phone No. (include area code)

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**Contingent Annuitant (Add)** - Must be the Annuitant's spouse. Only available on Custodial owned, qualified Variable Annuity contracts with LifeGuard Freedom 6<sup>SM</sup> with Joint Option or LifeGuard Freedom Select<sup>SM</sup> with Joint Option.

Contingent Annuitant Name				SSN/TIN (include dashes)
Relationship	Date of Birth (mm/dd/yyyy)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-Mail Address	
Home Address (number, street, city, state, and ZIP)				Phone No. (include area code)

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**Mailing Address Change**

Name				SSN/TIN (include dashes)
Contract Role	<input type="checkbox"/> Owner <input type="checkbox"/> Joint Owner <input type="checkbox"/> Annuitant <input type="checkbox"/> Other: _____		E-Mail Address	
New Mailing Address (number, street, city, state, and ZIP)				Phone No. (include area code)

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**Name Change**

Please attach supporting documentation, for example: copies of marriage license, driver's license, court document, etc.

**Change Name of:**  Owner  Joint Owner  Annuitant  Joint Annuitant  Beneficiary

**Change Due to:**  Marriage  Divorce  Other (if other, reason for change) \_\_\_\_\_

Print former name: \_\_\_\_\_ Print new name: \_\_\_\_\_

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**Duplicate Contract Request**

One duplicate contract will be provided free of charge. Jackson National Life Insurance Company<sup>®</sup> reserves the right to impose a \$25.00 fee for each subsequent duplicate contract requested.

This Contract was:  **Lost**  **Never Delivered**  **Stolen**  **Destroyed**. The Contract is not assigned (not applicable to all Contracts), pledged or subject to any lien in any way. If the original Contract is found, I will return the duplicate to the Company or its successors or assigns.



## Beneficiary Change

- Percentages must equal 100% for each beneficiary type. **If left blank, all beneficiaries will receive equal shares.**
- For additional beneficiaries, please attach a separate sheet, signed and dated by the Owner, which includes names, percentages, and other required information.
- This request will revoke all previous beneficiary designations.**
- You must select at least one primary beneficiary.**
- Unless otherwise indicated, all beneficiaries will be primary beneficiaries and revocable.

**Revocable** – Check this box if you desire to maintain the right to change beneficiary designations in the future.

**Irrevocable** – By checking this box, the named irrevocable beneficiary obtains a vested interest in this contract and must sign (along with the Owner) for any future changes to, surrender of, withdrawals from, or transfer of this annuity contract as requested by the Owner, including a change of the named irrevocable beneficiary. **The irrevocable beneficiary must also sign this form on the appropriate line in the "Signature Requirements" section.**

✓ P - Primary  
C - Contingent

<input type="checkbox"/> P	Beneficiary Name	Date of Birth (mm/dd/yyyy)	SSN/TIN (include dashes)	%
<input type="checkbox"/> C	Address (number, street, city, state, and ZIP)			Relationship
<input type="checkbox"/> P	Beneficiary Name	Date of Birth (mm/dd/yyyy)	SSN/TIN (include dashes)	%
<input type="checkbox"/> C	Address (number, street, city, state, and ZIP)			Relationship
<input type="checkbox"/> P	Beneficiary Name	Date of Birth (mm/dd/yyyy)	SSN/TIN (include dashes)	%
<input type="checkbox"/> C	Address (number, street, city, state, and ZIP)			Relationship

## Electronic Delivery Authorization

I agree to receive documents electronically:

- |   |  |
|---|--|
| <input type="checkbox"/> ALL DOCUMENTS                                  | <input type="checkbox"/> Prospectuses and prospectus supplements |
| <input type="checkbox"/> Quarterly statements                           | <input type="checkbox"/> Proxy and other voting materials        |
| <input type="checkbox"/> Periodic and immediate confirmation statements | <input type="checkbox"/> Other Contract-related correspondence   |
| <input type="checkbox"/> Annual and Semi-Annual reports                 |  |

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by email or by notice to you of a document's availability on a website. Certain types of correspondence may continue to be delivered by the United States Postal Service for compliance reasons. Registration on Jackson®'s website ([www.jackson.com](http://www.jackson.com)) is required for electronic delivery of Contract-related correspondence.

I (We) do  do not  have ready access to computer hardware and software that meet the requirements listed below. My email address is: \_\_\_\_\_ . I (We) will notify the company of any new email address.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows: To view and download material electronically, you must have a computer with Internet access, an active email account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from [www.adobe.com](http://www.adobe.com).

**Electronic Delivery Information:** There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current email address. Also let Jackson know if that email address changes. We may need to notify you of a document's availability through email. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to [www.jackson.com](http://www.jackson.com) to update your email address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.



**Signature(s)**

The Owner's signature is required for all changes on this form. On ownership changes, both the old and new Owners' signatures are required. See other signature requirements below. It is hereby agreed that the changes requested above shall not become effective unless and until this request is approved by the Company at its Service Center.

Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)	New Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)
Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)	New Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)
Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)	New Owner's Signature (and Title if applicable)	Date (mm/dd/yyyy)
Trustee's Signature and Title	Date (mm/dd/yyyy)	New Trustee's Signature and Title	Date (mm/dd/yyyy)
Irrevocable Beneficiary's Signature and Title (if applicable)	Date (mm/dd/yyyy)	Collateral Assignee's Signature and Title	Date (mm/dd/yyyy)
Irrevocable Beneficiary's Address (number and street, city, state, ZIP)		Recorded at Jackson®	Date (mm/dd/yyyy)

**SIGNATURE REQUIREMENTS**

**ALL APPLICABLE SIGNATURE AREAS MUST BE COMPLETED BEFORE RETURNING.**

**Joint and Multiple** – All Owners. Provide a copy of documentation. If additional space is needed for Multiple Owners, attach a separate piece of paper with signatures and dates.

**Guardian/Custodian** – Must be signed by the Guardian/Custodian. Provide a copy of guardianship papers.

**Trust** – All trustees/co-trustees, if required by the trust. Provide a copy of the signature and notary pages, and the page listing the names of the trustee(s) and successor trustee(s).

**Pension Trust** – Must be signed by the trustee. Provide a copy of the trustee appointment.

**Irrevocable Beneficiary** – Must include address and be signed by irrevocable beneficiary.

**Attorney-in-Fact** – May be signed by the attorney-in-fact. Provide a current power of attorney if not previously submitted. Notarized signature required, if not already on file.

**Partnerships** – Requests must be submitted in the name of the partnership and signed by all partners. Provide a copy of documentation.

**Corporation** – One officer must sign with title unless the signing officer is also the Insured, in which case, an additional officer's signature and title are required. Provide a copy of documentation.

**Collateral Assignee** – Must be signed by all current collateral assignees. Provide a copy of documentation.

**Other Signature Requirements** – Spouse's signature is required in community property states: AZ, CA, ID, LA, NM, NV, TX, WA, WI. For cases such as minor Owners, bankruptcies or cases with tax liens, contact the Service Center for appropriate signature requirements.

	<b>Mailing Address and Contact Information</b>			
<b>If purchased from</b>	<b>Non Bank Broker/Dealer or Deal Direct Producer</b>		<b>Bank or Financial Institution</b>	
	<b>Jackson Service Center</b>			
<b>Attention</b>	<b>Variable Annuity</b>	<b>Fixed, Fixed Index, Immediate Annuity and Target Select</b>	<b>Variable Annuity</b>	<b>Fixed, Fixed Index, Immediate Annuity and Target Select</b>
<b>Regular Mail</b>	P.O. Box 24068, Lansing, MI 48909-4068		P.O. Box 30386, Lansing, MI 48909-7886	
<b>Overnight Mail</b>	1 Corporate Way, Lansing, MI 48951			
<b>Customer Care</b>	800-644-4565, 8:00 a.m. to 8:00 p.m. ET (M-F)		800-777-7779, 8:00 a.m. to 8:00 p.m. ET (M-F)	
<b>Fax</b>	800-701-0125	517-706-5519	800-701-0125	517-706-5519
<b>Email</b>	contactus@jackson.com			

