

BENEFICIARY CHANGE REQUEST

To request a change of beneficiary, please complete the information below and return it to us at the address listed below.

NOTE: No beneficiary change is final. Any future beneficiary change must be provided in writing and will cancel all prior beneficiary designations for any amounts payable following the death of the Claimant / Payee.

The Policy Owner must approve all beneficiary change requests. Approval is subject to the terms of the settlement documents. If the settlement documents do not give you this right, your change may not be approved.

None of the Periodic Payments may be accelerated, deferred, increased or decreased.

This form must be notarized if your signature is not already on file with us.

Policy Number

Claimant / Payee Name

Claimant / Payee Resident - Street Address

Claimant / Payee Resident - City, State and Zip

Claimant / Payee Telephone Number

Claimant / Payee Social Security Number

Claimant / Payee Signature*

Joint Claimant / Payee Signature

Date

*Note: In states having community property laws, ** the spouse of the Claimant / Payee must also join and consent to naming a beneficiary other than the spouse.

Notarized Signature of Spouse

Date

** Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin

Mailing Address

AEGON Structured Settlements
Administrative Offices
P. O. Box 35547
Louisville, KY 40232

Overnight Address

AEGON Structured Settlements
Administrative Offices
400 West Market Street
Louisville, KY 40202

Phone: 1.800.866.0002
Fax: 502.560.4860

MONUMENTAL LIFE INSURANCE COMPANY
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
TRANSAMERICA LIFE INSURANCE COMPANY
TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY

Member of the AEGON Group

www.aegonstructuredsettlements.com

If more than one primary or contingent beneficiary is being requested, please indicate the division of amounts payable (e.g., equally to the beneficiaries, 50%, etc.), otherwise proceeds will be paid equally to all primary beneficiaries surviving the Claimant/Payee. If all primary beneficiaries have predeceased the Claimant/Payee, remaining guaranteed payments will be paid to the surviving contingent beneficiaries. If there are no surviving beneficiaries, proceeds are payable to the Claimant/Payee's Estate.

If more space is needed, please list additional beneficiary information on a separate sheet and sign the request.

Beneficiary Type (check one)

Primary Contingent Beneficiary Percentage _____

Beneficiary (full name)

Beneficiary Resident - Street Address

City, State and Zip

Beneficiary Phone Number

Beneficiary Social Security Number

Beneficiary Date of Birth

Relationship to Claimant / Payee

Beneficiary Type (check one)

Primary Contingent Beneficiary Percentage _____

Beneficiary (full name)

Beneficiary Resident - Street Address

City, State and Zip

Beneficiary Phone Number

Beneficiary Social Security Number

Beneficiary Date of Birth

Relationship to Claimant / Payee

Beneficiary Type (check one)

Primary Contingent Beneficiary Percentage _____

Beneficiary (full name)

Beneficiary Resident - Street Address

City, State and Zip

Beneficiary Phone Number

Beneficiary Social Security Number

Beneficiary Date of Birth

Relationship to Claimant / Payee