



BENEFICIARY DESIGNATION FORM

This form can be used for all SAI products, including FSP, SP, FSPc, SPc and SAI Annuity.

GENERAL INFORMATION

Name on Account: _____ SSN: _____

Contract / Account Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

BENEFICIARY DESIGNATION

I, _____, make the following beneficiary designation for the payments under the account identified above:

Check if Law Firm is Payee; the default beneficiary designation will be the entity. Skip down to signature line.

BENEFICIARY TYPE: Primary Contingent Social Security #: _____

Name: _____ Phone #: _____

Address: _____ Date of Birth: _____

City: _____ Relationship: _____

State: _____ Zip Code: _____ Designation: _____ %

BENEFICIARY TYPE: Primary Contingent Social Security #: _____

Name: _____ Phone #: _____

Address: _____ Date of Birth: _____

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BENEFICIARY TYPE: Primary Contingent Social Security #: _____

Name: _____ Phone #: _____

Address: _____ Date of Birth: _____

City: _____ Relationship: _____

State: _____ Zip Code: _____ Designation: _____ %

► Percentages must be in whole numbers for each beneficiary. Total percentages for all Primary Beneficiaries must add up to 100%. ► The total percentage share for all Contingent Beneficiaries must also total 100%. A Contingent Beneficiary is an individual who will receive any remaining benefits only if all Primary Beneficiaries are deceased Payment to Contingent Beneficiaries will follow the same process as for Primary Beneficiaries. ► Please attach a separate sheet for additional space.

TOTAL PRIMARY DESIGNATION: _____ % **TOTAL CONTINGENT DESIGNATION:** _____ %

Signature: _____ Date: _____ **Send completed form to: documents@structures.com**

FOR ADMINISTRATIVE USE Assignee Authorization: _____ Date: _____

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