

**SPOUSAL CONTINUATION REQUEST FORM**

Please read all instructions carefully and complete all applicable sections of this form. Unclear or missing information may delay or prevent processing. Sign and date the form and submit all pages.

**DECEASED INFORMATION**

NAME OF DECEASED	FIRST	MIDDLE	LAST
POLICY NUMBER 1	EFFECTIVE DATE	POLICY NUMBER 2	EFFECTIVE DATE
POLICY NUMBER 3	EFFECTIVE DATE		

**NEW OWNER INFORMATION**

NAME OF NEW ANNUITANT/OWNER	FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER
MAILING ADDRESS			EMAIL ADDRESS	DATE OF BIRTH
CITY	STATE	ZIP	LANDLINE NUMBER	MOBILE NUMBER

For each beneficiary give full name, address, date of birth, Social Security number, relationship to insured, and percentage of death benefit. The sum of percentages for each beneficiary type (primary and contingent) must equal 100%. If percentages are left blank, all beneficiaries will receive equal shares. If you wish to designate more than two primary or contingent beneficiaries, attach a signed and dated sheet listing additional beneficiaries including all details requested in the beneficiary designation section.

**PRIMARY BENEFICIARIES**

FULL NAME		ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO INSURED	PERCENTAGE	
FULL NAME		ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO INSURED	PERCENTAGE	

**CONTINGENT BENEFICIARIES**

FULL NAME		ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO INSURED	PERCENTAGE	
FULL NAME		ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO INSURED	PERCENTAGE	

## OPTIONAL IRREVOCABLE BENEFICIARY PROVISION

**Irrevocable Beneficiary Designation:** If you wish to make a primary beneficiary designation named above irrevocable, print the irrevocable beneficiary's name in one of the spaces below and initial in the box next to that irrevocable beneficiary's name. **An irrevocable beneficiary receives a vested interest in the policy, and no changes to the policy, including surrender or a change of the beneficiaries, may be made by the owner without the consent of all irrevocable beneficiaries. If you wish to designate more than two irrevocable beneficiaries, attach a signed and dated sheet listing the additional irrevocable beneficiaries. If you do not initial the box next to the beneficiary's name below, the designation will be treated as revocable.**

OWNER INITIALS
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OWNER INITIALS
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\_\_\_\_\_ IRREVOCABLE PRIMARY BENEFICIARY'S NAME

\_\_\_\_\_ IRREVOCABLE PRIMARY BENEFICIARY'S NAME

## CERTIFICATIONS AND SIGNATURES

**I have read, understand and agree to the contents of this form.**

***I hereby certify that:***

1. The answers recorded in this Spousal Continuation Request form are true and complete.
2. I make claim to the proceeds.
3. I agree that the Company's furnishing of this Spousal Continuation Request Form and any supplemental forms is not an admission that insurance was in force on the deceased's life, nor is it a waiver of its rights or defenses. This form is provided without prior verification of coverage and without any assurances that the person completing this form will be the appropriate payee or beneficiary.

_____ New Annuitant/Owner's Signature	_____ New Annuitant/Owner's Printed Name	_____ Date
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### Oxford Life® Mailing Address and Contact Information

Regular or Overnight Mail	575 D'Onofrio Drive, Suite 100, Madison, WI 53719
Fax	(877) 584-2777
Email	LifeClaims@oxfordlife.com
Policyholder Services	(866) 641-9999
Website	www.oxfordlife.com