



1891 Financial Life is authorized to conduct business in CA, CO, IL, IN, IA, KS, MI, MN, MO, MT, NE, ND, OH, OR, SD, WA, WI.
DBA Oregon: 1891 Financial Life Insurance. DBA California: 1891 Financial Life, A Fraternal Benefit Society.

THIS BENEFIT IS NOT AVAILABLE IN CALIFORNIA.

RESTRICTED PAYOUT BENEFICIARY DESIGNATION APPLICATION

Instructions: Please use this form to restrict the payment of the death benefit amount to a designated beneficiary of your Annuity Contract. Restrictions may not be used when a non-natural entity (such as a trust) is named as the designated beneficiary. Print clearly and provide accurate information.

The Society reserves the right to modify, amend, increase, decrease, cease or nullify any Pre-Selected Beneficiary Payout Options in order to comply with Internal Revenue Code (the Code) requirements, and/or other applicable state and federal laws, rules, and regulations governing death benefit payments.

All payments will be made in compliance with the Code, and/or other applicable state and federal laws, rules, and regulations governing death benefit payments.

SECTION 1: Owner Information

Owner Name: _____ **SSN:** _____
Address / Apt. No: _____
City: _____ State: _____ ZIP: _____
Primary Phone No: _____ Email: _____

SECTION 2: Designate Beneficiary with Payout Instructions

Beneficiary #1:

First: _____ Middle: _____ Last Name: _____
Primary Phone No: _____ Alternate Phone No: _____
Email: _____ Relationship: _____

Beneficiary #1 Restricted Payout Instructions:

Please specify the restrictions on the payout to the beneficiary (check all that apply and provide details):

Restriction: (choose one)

- Full Restriction (applicable to the entire benefit amount)
- Partial Restriction (describe amount of benefit that is restricted – the remainder will be paid in a lump sum)

(choose one): Percentage of benefit: _____% or lump sum restricted amount: _____

Installment Payment of restricted amount: (choose one)

- Life Only
- Fixed Amount
- Period Certain 5, 10, 15 or 20 Years. _____ Number of Years
- Life Income with Payments for Period Certain 5, 10, 15 or 20 Years. _____ Number of Years Certain

Payment Frequency of restricted amounts: (choose one)

- Annual
- Semi-Annual
- Quarterly
- Monthly

Age Restriction: Beneficiary must reach age _____ before receiving payments.

Beneficiary #2 :

First: _____ Middle: _____ Last Name: _____

Primary Phone No: _____ Alternate Phone No: _____

Email: _____ Relationship: _____

Beneficiary #2 Restricted Payout Instructions:

Please specify the restrictions on the payout to the beneficiary (check all that apply and provide details):

Restriction: (choose one)

- Full Restriction (applicable to the entire benefit amount)
- Partial Restriction (describe amount of benefit that is restricted – the remainder will be paid in a lump sum)
(choose one) Percentage of benefit: _____ % or lump sum restricted amount: _____

Installment Payments of restricted amounts: (choose one)

- Life Only
- Fixed Amount
- Period Certain 5, 10, 15 or 20 Years. _____ Number of Years
- Life Income with Payments for Period Certain 5, 10, 15 or 20 Years. _____ Number of Years Certain

Payment Frequency of restricted amounts: (choose one)

- Annual
- Semi-Annual
- Quarterly
- Monthly

Age Restriction:

Beneficiary must reach age _____ before receiving payments.

SECTION 3: Signature required

I hereby authorize the restrictions on benefit payouts to the designated beneficiaries as outlined.

Owner's Name (please print): _____

Signature of Owner: _____ Date: _____

Spousal consent if required in your state:

Spouse's Name (please print): _____

Signature of Spouse: _____ Date: _____

MUST BE NOTARIZED TO BE PROCESSED

NOTARY:

STATE OF _____ COUNTY OF _____

This instrument was acknowledged before me on _____ (Date) by
 _____ (name(s) of person(s)) as
 _____ (type of authority if applicable, e.g., Officer, Trustee, etc.) of
 _____ (name of party on behalf of whom instrument was executed, if applicable).

(Seal)

Signature of Notary Public: _____

Title: _____

My Commission Expires: _____

LEGAL DISCLAIMERS: This form does not constitute legal, tax, or financial advice. Consult with a qualified attorney or tax/financial advisor before making any decisions regarding beneficiary designations or payout restrictions. 1891 Financial Life reserves the right to reject or request modifications to this form if it does not comply with applicable laws or Society policies.