



Structured Settlement Unit
 30 Hudson Street – 22nd Floor
 Jersey City, NJ 07302-4600

Change of Beneficiary Request Form

If you need assistance, please contact the Service Area toll free at 1-855-469-5772

Instructions for Completing this Form:

- Percentages for both primary and contingent beneficiaries must equal 100%
- If naming a Trust as the beneficiary, please provide pages of the Trust that include the Trust name, Trust date, and the Trustee(s)' name(s) and signature(s)
- If more space is needed, please attach additional page(s)
- Please mail, fax, or email a scan of the completed form to the address on the back of this form

1. About the Annuitant/Payee:

Policy # (Begins with FP or 77)		Social Security #	
Last Name		First Name	Middle Initial
Date of Birth / /	Phone # () -	Email	
Street Address		City, State, Zip Code	

2. Primary Beneficiary(ies):

Last Name		First Name	Middle Initial
Social Security # - -	Phone # () -	Date of Birth / /	
Street Address		City, State, Zip Code	
Relationship to Annuitant/Payee		Percentage (Share)	

Last Name		First Name	Middle Initial
Social Security # - -	Phone # () -	Date of Birth / /	
Street Address		City, State, Zip Code	
Relationship to Annuitant/Payee		Percentage (Share)	

Last Name		First Name	Middle Initial
Social Security # - -	Phone # () -	Date of Birth / /	
Street Address		City, State, Zip Code	
Relationship to Annuitant/Payee		Percentage (Share)	

