



Aviva Life and
Annuity Company
800/800-9882
P.O. Box 1555
Des Moines, IA 50306-1555

Change of Beneficiary Form

COMPLETE ALL SECTIONS (Please print or type all information *except* signatures. Please use black ink.)

SECTION 1:

Insured/Annuitant: _____ Policy Number: _____
 Owner: _____ Telephone No. of Owner: (____)____-____
 Owner's Address: _____ Address Change Requested:

SECTION 2:

BENEFICIARY CHANGE - I hereby revoke all previous beneficiary designations for the above policy. The beneficiary designation shall be shown as below. *Proceeds must be stated in percentage amounts totaling 100%**. If additional space is required, please complete a separate page. Attach the dated and signed request to this form.

* If a beneficiary designation contains more than one person, the survivors or survivor shall share equally, unless otherwise provided herein.

PRIMARY BENEFICIARY

Full Name	Relationship	Date of Birth	Social Security #/Tax ID #	% of Proceeds
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Address _____

Full Name	Relationship	Date of Birth	Social Security #/Tax ID #	% of Proceeds
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= 100%

Address _____

CONTINGENT BENEFICIARY

Full Name	Relationship	Date of Birth	Social Security #/Tax ID #	% of Proceeds
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Address _____

Full Name	Relationship	Date of Birth	Social Security #/Tax ID #	% of Proceeds
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= 100%

Address _____

SECTION 3:

I ACKNOWLEDGE THAT this request is subject to the provisions and conditions of the policy and the Company may request additional information or impose additional requirements.

Signature of Owner (Title of Officer if Corporation or Trustee, if applicable) _____ Date _____

Other Required Signatures (Additional Owners or Irrevocable Beneficiaries, if any) _____

Signature of Witness
(Witness Signature Required Only in Massachusetts)

NOTE:
1. Owner must sign. If Owner is a corporation, an officer (other than the Insured) must sign. If Owner is a trust, the trustee must sign as "trustee".

