

Annuity Forms Information Cover Sheet



Thank you for choosing Talcott Resolution. Enclosed you will find the form(s) you recently requested from one of our Annuity Service Specialists. Before completing the form(s), please read all instructions carefully.

Also keep in mind the following:

- Many forms can be faxed back to Talcott Resolution. If a transaction type is eligible, the fax number listed below may be used to submit your request. NOTE: Once your document has been faxed, please allow 2-3 hours for it to become available for viewing.
- In most cases, a notarization is not required. We may, however, request this once your form is received if the signature on the form does not match the signature we have on file or we do not have a signature on file for comparison.

Processing Time Frames

Variable Annuity Liquidation/Annuitization

If your completed form is received in good order prior to the close of the New York Stock Exchange, it will be processed the same day it is received and funds will leave Talcott Resolution the following business day. Please allow 7-10 business days for delivery via regular mail. Funds sent via EFT or wire should be posted to your bank account within 2-3 business days.

Fixed Annuity Liquidation/Annuitization

Once your completed form is received in good order, it will be processed within 7-10 business days and the funds will leave Talcott Resolution the following business day. Please allow 7-10 business days for delivery via regular mail. Funds sent via EFT or wire should be posted to your bank account within 2-3 business days.

Enrollment Forms (Automatic Income, Required Minimum Distribution, InvestEase)

Once your completed form is received in good order, it will be processed within 30 business days.

All Other Forms

Once your completed form is received in good order, it will be processed within 2-4 business days.

NOTE: Confirmations for all transaction types will be generated on the business day following the day your request is processed.

Fax Number and Mailing Addresses

We must receive your signed request in Good Order at our Administrative Office. If you choose to fax your request, use the fax number below. If you choose to mail overnight, please use our street address below. If you choose to use regular mail, we recommend using the PO Box address below.

Fax:	For private express mail with tracking number:	For standard mail delivery without tracking number:
1-860-380-3280	Talcott Resolution - Annuity Service Operations 1338 Indian Mound Drive Mt. Sterling, KY 40353	Talcott Resolution - Annuity Service Operations P.O. Box 14293 Lexington, KY 40512-4293

Contact Information

Clients:	Investment Professional:	Online:
Call 1-800-862-6668	Call 1-800-862-7155	www.talcottresolution.com

Talcott Resolution consists of Talcott Resolution Life, Inc., a holding company for a group of insurance and non-insurance subsidiaries that administers life and annuity products previously sold or acquired. These insurance companies include Talcott Resolution Life Insurance Company, Talcott Resolution Life and Annuity Insurance Company, American Maturity Life Insurance Company and Talcott Resolution International Life Reassurance Corporation.

Annuities issued by Union Security Insurance Company or Union Security Life Insurance Company of New York are administered by Talcott Resolution Life and Annuity Insurance Company and Talcott Resolution Life Insurance Company, respectively.

Please do not return this page with the forms you are submitting.

Annuity Beneficiary Change Request



Use this form if you want to:

- change your primary or contingent beneficiary designation.
- remove the existing contingent beneficiary designation.

Changes become effective on the date that we deem the request to be in good order.

Your beneficiary change request will not be changed if:

- the annuity is owned by a custodian. Please contact the custodian directly.
- the annuity is owned by a non-natural owner for applicable products. The non-natural owner is required to be the beneficiary.
- the annuity is owned by an employer. The Trust of the employer is the beneficiary. Please contact the plan administrator directly.
- the signatory is not an authorized party on the annuity
- the current beneficiary(ies) on the annuity is/are irrevocable
- if your contract is Life Only or Temporary Life, or if your contract is a Full Cash Refund where the Owner has a reversionary interest.

Any other instances where the beneficiaries cannot be changed is due to the ownership on the contract or restrictions to the beneficiary. Please see your contract for further details.

Section A - Contract Owner information (required)

Contract number	Annuitant's name (if different from the contract owner)
Contract owner's name	Contract owner's Social Security or Tax Identification Number
Joint contract owner's name (if applicable)	Contract owner's telephone number (area code first)
Trustee (if contract owner is listed as a Trust)	Co-trustees (if applicable)
Contract owner's e-mail address	

Section B - Change to Primary or Contingent Beneficiary designation

Multiple Beneficiaries

This form allows you to assign shares of your death benefit to a total of eight primary and contingent beneficiaries. If you have more than eight primary and contingent beneficiaries, please attach a separate sheet of paper for the additional beneficiaries and include a minimum of three of the following four pieces of information: address, Social Security Number / Tax Identification Number, date of birth, and relationship to you.

When designating multiple beneficiaries, please do not specify dollar amounts. A beneficiary's share may be specified either by a percentage or by using the term "Equal Shares." If neither is indicated, all named beneficiaries who are living at the time of your death will receive equal shares of the death benefit. If you specify shares by percentage, the percentage you assign for each beneficiary must be a whole percentage (for example, 50%, 67%, etc.), and the total of all percentages added together must be 100%. If a beneficiary who has been assigned a percentage share predeceases you, that share will revert to your estate unless you make a new designation. If you use the term "Equal Shares," all beneficiaries who are living at the time of your death will receive equal shares of the death benefit and no portion of the death benefit will revert to your estate.

Rider Considerations

- (1) If the primary beneficiary of this contract is changed after electing certain riders, it may result in the recalculation of the Withdrawal Percentage and the Lifetime Benefit Payment (if applicable) may be lower in the future and additional restrictions and limitations may apply. Please see your contract for further details.
- (2) If the contract has a funded Personal Pension Account and Joint and Last Survivor with Cash Refund Income Option has been elected, beneficiary changes may be restricted to satisfy the contract lives requirements of the income option.

Section B - Change to Primary or Contingent Beneficiary designation

Please note that you must assign percentages and not dollar amounts for the benefit you want the beneficiaries to receive. The percentages you assign for each beneficiary must be whole percentages (for example, 50%, 67%, etc.) and the total of all percentages added together must be 100%. If you do not assign percentages to your primary beneficiaries, we will assume that all primary beneficiaries who are living at the time of your death will receive equal shares of the death benefit.

In the fields below, please include the beneficiary name along with a minimum of three of the four pieces of the following information: address, social security number / tax identification number, date of birth, and relationship. This will assist us in paying out any death benefit proceeds to the appropriate party(ies).

Remove all existing contingent beneficiary designation(s) on the contract.

Primary Beneficiary Designation

Beneficiary Name	Date of Birth/Trust (mm/dd/yyyy)	SSN/TIN	Relationship to Owner	% of Benefit %
Address	City	State	ZIP Code	Telephone Number

Beneficiary Name	Date of Birth/Trust (mm/dd/yyyy)	SSN/TIN	Relationship to Owner	% of Benefit %
Address	City	State	ZIP Code	Telephone Number

Beneficiary Name	Date of Birth/Trust (mm/dd/yyyy)	SSN/TIN	Relationship to Owner	% of Benefit %
Address	City	State	ZIP Code	Telephone Number

Beneficiary Name	Date of Birth/Trust (mm/dd/yyyy)	SSN/TIN	Relationship to Owner	% of Benefit %
Address	City	State	ZIP Code	Telephone Number

Contingent Beneficiary Designation

Beneficiary Name	Date of Birth/Trust (mm/dd/yyyy)	SSN/TIN	Relationship to Owner	% of Benefit %
Address	City	State	ZIP Code	Telephone Number

Beneficiary Name	Date of Birth/Trust (mm/dd/yyyy)	SSN/TIN	Relationship to Owner	% of Benefit %
Address	City	State	ZIP Code	Telephone Number

Beneficiary Name	Date of Birth/Trust (mm/dd/yyyy)	SSN/TIN	Relationship to Owner	% of Benefit %
Address	City	State	ZIP Code	Telephone Number

Beneficiary Name	Date of Birth/Trust (mm/dd/yyyy)	SSN/TIN	Relationship to Owner	% of Benefit %
Address	City	State	ZIP Code	Telephone Number

Section C - Acknowledgements and signatures (required)

Signature Requirements:

- All signatures provided must meet the following requirements.
- Associated documentation must be submitted with this request if not previously provided.
- Failure to meet the signature requirements may delay the processing of your request.
- This form is valid for one time use only. A newly signed and dated Variable Annuity Surrender Request form must be submitted for every distribution request. Altering a previously submitted form is not permitted.

Owner(s) - If there are joint contract owners, both contract owners must sign below. A notarized signature may be required if we are unable to verify an owner's signature.

Trustee(s) - All trustees must sign the request unless otherwise specified in the Talcott Resolution Trustee Certification form CU-1018. The Talcott Resolution Trustee Certification form must be submitted with all trustees' signatures.

Custodian or Plan Administrator - A Corporate Resolution, Talcott Resolution Non-Natural Owner Acknowledgement form CU-1011, or supporting documentation must be provided identifying who is authorized to sign.

Guardian or Conservator - Notarized signature(s) and a Court Order appointing you as Guardian/ Conservator and the Letters of Guardianship/Letters of Conservatorship issued by the court must be submitted.

Attorney-in-Fact - Notarized signature(s) and a complete copy of the most recent Power of Attorney agreement must be submitted.

Collateral Assignee - Must be signed by current collateral assignee and provide supporting documentation identifying who is authorized to sign on behalf of the bank.

Executor/Executrix - All named executors must sign unless otherwise specified in the Letters of Testamentary/Letters of Administration. The Letters of testamentary/Letters of administration must be submitted along with the request.

Other signature requirements - For circumstances involving minors, UGMA/UTMA, third party administrators, etc. contact one of our Annuity Specialists for appropriate signature requirements.

Continued on the next page

Section C - Acknowledgements and signatures (continued)

Under penalties of perjury, I certify that:

- 1) the number shown on this form is my correct Social Security Number or Taxpayer Identification Number, and
- 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3) I am a U.S. citizen or other U.S. person (including a U.S. Resident Alien) as defined in the instructions to the IRS Form W-9, and
- 4) I am exempt from FATCA reporting (if applicable).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

<p>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</p>	<p>Please review the Important State Information Regarding Fraud included with this form. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and, in the state of New York, shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.</p>
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Signature	<i>Notarization [required for Attorney-in-Fact (POA), Guardian or Conservator]</i>
Print Name	
Title (if applicable)	
Date of Signature _____ / _____ / _____ (month) (day) (year)	

Signature	<i>Notarization [required for Attorney-in-Fact (POA), Guardian or Conservator]</i>
Print Name	
Title (if applicable)	
Date of Signature _____ / _____ / _____ (month) (day) (year)	

Please refer to the Annuity Forms Information Cover Sheet for our addresses and contact information.

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