

Aurora National Life Assurance Company • PO Box 4336, Clinton, IA 52733-4336 • Telephone (800) 265-2652

			CERTIFICATE/CONTRACT NUMBER	
FORMER EMPLOYER	DIVISION OR SUBSIDIARY		GROUP NUMBER	
HOURLY or SALARIED	HIRE DATE (required)	TERM DATE (required)	ANNUITANT SOCIAL SECURITY NUMBER	
ANNUITANT NAME			ANNUITANT DATE OF BIRTH / /	SEX
ADDRESS (Street, City, State, Zip)				

Please indicate by checking the appropriate box below as to the **marital** status of the Annuitant:

Married? Yes No If yes, please complete spousal information below. If spouse is deceased, please provide copy of death certificate.

Divorced? Yes No If yes, please complete spousal information below. If yes, please provide copy of divorce decree if divorce effective after 1984.

SPOUSE'S NAME		SPOUSE'S DATE OF BIRTH / /	SEX
DATE OF MARRIAGE		SOCIAL SECURITY NUMBER	

I hereby request the Retirement Benefit to commence on ____/____/____
MONTH, DAY, YEAR

To the best of my knowledge the above information is true and correct.

ANNUITANT'S SIGNATURE	DATE	ANNUITANT PHONE NUMBER ()
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NOTARIAL ACKNOWLEDGMENT	
STATE OF _____)	
County of _____): ss.	
On _____, before me, _____, Notary Public, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they/ executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), Or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.	
Signature _____	(SEAL)