



ENCOVA LIFE
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FIVE-YEAR HOLD FORM - BENEFICIARY ELECTION FORM

Complete this form if electing a five-year hold on the death claim proceeds.

I hereby request that Encova Life hold the death claim proceeds of policy number _____ at current interest until five years from the date of death of the annuitant at which time the proceeds shall be paid to me.

It is understood that I may request that proceeds plus interest be paid to me any time prior to until five years from the date of death of the annuitant. It is further understood that in the event of my death prior to the date five years from the date of death of the annuitant the proceeds shall be made to my beneficiary(s) that I have elected below.

Date

Signature of beneficiary to above policy

Witness

I have elected the following beneficiary(s) for my five-year hold:

Primary beneficiary: _____

Contingent beneficiary: _____

Name

Relationship to beneficiary listed above

Social Security number

Primary beneficiary: _____

Contingent beneficiary: _____

Name

Relationship to beneficiary listed above

Social Security number

List additional beneficiaries on a separate sheet.