

**Georgia Department of Human Services
Division Of Family and Children Services
Annuity Issuer Notification**

Date _____
Case Worker Name _____
Phone # _____

Applicant/Recipient Information (to be completed by DFCS)

Name _____ Case # _____

Annuity Information

Annuity # _____

To Whom It May Concern:

This notice is to inform you that the individual named above who has an annuity with your company has requested services through our agency. In compliance with the rules of the Deficit Reduction Act of 2005, the State of Georgia has been named as the beneficiary of the annuity owned by the individual above:

_____ in the first position

_____ in the next position following spouse and/or minor children, which includes the following individuals:

If you need additional information regarding this change in beneficiary, please contact the annuitant, the Case Worker listed at the top of this notice.