

Owner Change Request

Note: Do not use this form to request a Change of Beneficiary

1. Policy / Annuity Contract: _____
on the life of **Insured/Annuitant:** _____

In accordance with the policy provisions, request is hereby made for changes to the ownership arrangement as follows:

2. Corporate Name Change or Trustee Change (include name of all trustees)

From: _____

To: _____

3. Change of ownership. Any and all previous ownership arrangements are hereby revoked.

Primary

Legal Name/Trust Name	Relationship	Soc. Sec. No/Tax ID.	Birth Date /Trust Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For business entity provide **State:** _____ and **check one:**

☐ Corporation ☐ Limited Partnership ☐ Limited Liability Company ☐ General Partnership

Contingent: (insurance only)

Legal Name/Trust Name	Relationship	Soc. Sec. No/Tax ID.	Birth Date /Trust Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For business entity provide **State:** _____ and **check one:**

☐ Corporation ☐ Limited Partnership ☐ Limited Liability Company ☐ General Partnership

4. New Address:

Daytime Phone #:

5. Trust Certification: (Required for Trust Owners only)

Trustee(s): _____

Trustor/Grantor(s): _____

The Trustees must act together in all transactions, unless the following box is checked. **(If checked, please explain).**

☐ - Each Trustee is authorized to act independently.

Trust is: ☐ Revocable or ☐ Irrevocable

Trust Beneficiary is: ☐ Human or ☐ Non-Human

The undersigned Trustee(s) hereby certifies and agrees 1) that the Trust described herein has been properly executed, is now in full force and effect and is allowed by its term and by law to purchase and/or own the Policy/Annuity Contract, exercise all rights of ownership and receive payment of any benefits under the Policy/Annuity Contract; 2) to promptly provide to the Company and its administrative home office, evidence of the appointment of any successor trustee(s) and notice of any termination; amendment or modification of the Trust; and 3) that neither the Company nor its representatives are responsible for inquiring into the terms of the Trust and shall not be charged with knowledge of its terms or provisions. The Company is not responsible for the validity or effectiveness of the trust. The Company makes no representations directly or through its agents as to the suitability of this Trust as owner of any Policy/Annuity Contract.

Order of Succession: The owner of the policy shall be all Primary Owners jointly, or survivor(s), while living / if existent; thereafter the Contingent Owners, jointly, or the survivor(s); while living / if existent. Ownership cannot be divided so that each person can act independently. The owner may exercise all rights, privileges and benefits provided for by the policy. These actions may be taken without the consent and against the interest of and any contingent owner. If the owner cannot change the beneficiary, these rights can be taken only by the owner and the beneficiary jointly. These actions may be taken only while the Insured is alive.

Children: If this request provides for unnamed "children" of any person, then only children born to or legally adopted by that person will be considered named. The issuer of the Policy/Contract ("Company") may rely on an affidavit by any person who in the judgment of the Company knows the facts to identify any owner not specified by name. All liability of the Company shall cease upon allowing such individual or individuals to exercise ownership rights or receive benefits under the Policy/Annuity Contract on the basis of such affidavit.

Provision for Issue/Per Stirpes: If this request provides for "provision for issue" or "per stirpes" of any person, then only children born to or legally adopted by that person will be considered named. The issuer of the Policy/Contract ("Company") may rely on an affidavit by any person who in the judgment of the Company knows the facts to identify any owner not specified by name. All liability of the Company shall cease upon allowing such individual or individuals to exercise ownership rights or receive benefits under the Policy/Annuity Contract on the basis of such affidavit.

Minor owners: The Company may require a court-appointed guardian and/or court order authorizing a request on behalf of a minor.

Corporate Name Change: The undersigned hereby certifies that the change in name has been filed and approved in accordance with the applicable law and regulation. The Company is relying on the representation made in this request.

Trustee Change: The undersigned hereby certifies that this change in trustee has been made effective in accordance with the terms of the Trust's governing documents. The Company is relying on the representation made in this request and is not responsible for the validity or effectiveness of the Trust.

Notice: The changes shall become effective only when accepted and recorded by the Company at its administrative home office. Forms containing incomplete information will be returned without processing. If there is no existing owner, EXCEPT as may be otherwise provided in this request, the owner shall be 1) the Insured or 2) the successors, if any otherwise the Insured on any policy owned by a corporation, Limited Partnership, Limited Liability Company, General Partnership or a trust or 3) the successors or assigns on any policy is part of a pension or profit sharing plan.

W9: Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding; and (3) I am a U.S. person (including a U.S. resident alien).

Authorizing Signatures: No petition for legal action, including, but not limited to bankruptcy or divorce, has been filed by or against any of the undersigned parties that would affect their rights to request the changes herein. Prior to signing any form, you may wish to consult with your tax advisor to discuss any possible tax considerations that may occur as a result of the requested changes. The undersigned hereby agrees to indemnify and hold harmless the above named insurance company from any and all costs, reasonable attorney fees, actions, lost or damage which it may suffer by compliance with this request.

Executed on _____

Current Owner / Trustee
Trust/Entity name:

New Owner / Trustee (if applicable)
Trust/Entity name:

By: _____
Authorized Signor, (Print Name)

By: _____
Authorized Signor, (Print Name)

Administrative/Home Office Use Only:

Recorded and copy filed

Date: _____

By: _____, Registrar

Your copy of this agreement with the Company's written acknowledgement of recording thereon should be filed with the policy.
