



REQUEST FOR TRANSFER OF OWNERSHIP

Certificate Number: _____ Insured/Annuitant: _____

Current Owner Information	Name: _____ SSN/TIN: _____ Address: _____ Telephone No. _____ Email: _____
Request Information	Transfer of Ownership of an Annuity Contract may be taxable. The gain, if any, will be reported to you on a 1099-R at the end of the year. You may wish to consult your tax advisor prior to submitting this form. Transfer of a life insurance contract may cause the death benefit to be taxable if the contract was transferred for value.
New Owner Information	Name: _____ Date of Birth: _____ SSN/TIN: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Address: _____ Telephone No. _____ Email: _____ Contingent Owner (Life Only): _____ C. Owner Date of Birth: _____ SSN/TIN: _____
Certification	Under penalties of perjury, I certify that: 1. The number shown on this form is my correct 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.

In consideration thereof, it is hereby agreed that these changes shall be an amendment to and form a part of the original application and contract. No change shall be effective until such change is recorded by the Home Office.

- *Note: If you live in one of the following community property States (AZ, CA, ID, LA, NM, NV, TX, WA, WI, PR and Guam), and have a legal spouse, your spouse must also sign this form.
- **A Notary Signature is required on certificates of \$50,000 and up.**
- If ownership will be a trust, **we require the following:** the trust's TIN, a copy of the trust or the pages indicating: the name and date of the trust, identity of the trustee(s), page indicating who is authorized to sign on behalf of the trust and the signature page(s).
- You may wish to consult with your legal and/or tax advisor prior to making changes to your certificate.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false or misleading information is guilty of a crime and may be subject to fine and confinement in prison.

Current Owner's Signature	Date	Signature of Spouse*	Date
New Owner's Signature	Date	Signature of Spouse*	Date
Irrevocable Beneficiary Signature (if applicable)	Date	Witness Signature (if not notarized)	Date

State of _____
 County of _____
 This instrument was acknowledged before me on _____ (date)
 by _____
 (Name of person acknowledged).

 (Signature of notarial officer and title)
 My commission expires: _____

For Home Office Use Only

Recorded: _____ Secretary: _____