

## TRANSFER OF OWNERSHIP REQUEST



**Contract Number:** \_\_\_\_\_ **Contract Owner:** \_\_\_\_\_

This change revokes all prior designations made by me and is subject to all the terms and provisions of the contract. The change becomes effective on the "Home Office" date of recording, without prejudice to the Company of account of any payment made or any action taken or permitted by the Company before recording such change. If a trust is being named the owner, please include a copy of the trust showing the name of the Trust, Trustee, Successor Trustee, and the Tax Identification Number.

I authorize the transfer of all my rights, title and interest for the above referenced contract number to:

### New Primary Owner(s):

_____	_____
Name(s) of New Primary Owner(s)	Date of Birth
_____	_____
Mailing Address	Relationship to Annuitant
_____	_____
City	State      Zip Code

**Note: Ownership transfer may be a taxable event. The transferring Owner will receive an IRS FORM 1099R in February next year reporting any taxable amount.**

### The following statement is required by the IRS:

Under penalty of perjury, I certify that the number shown on this form is my correct social security or taxpayer ID number and I am not subject to back-up withholding. I certify that I am not under guardianship, nor have I made any assignment, pledge, or executed any document affecting ownership or right to any monies due or to become due under this contract, and further that no proceedings in bankruptcy are pending to which I am a party.

This form dated at \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
City/State

**Contract Number:** \_\_\_\_\_ **Contract Owner:** \_\_\_\_\_



**Release of Interest: Required if owner lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, and WI).**

I, \_\_\_\_\_, spouse/former spouse of the above-mentioned owner, release all rights, title, and interest which I may have in this policy now or in the future, by virtue of the Community Property Laws of the State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Spouse/Former Spouse

\_\_\_\_\_  
Date

This form dated at \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
City/State

\_\_\_\_\_  
Signature of Owner (if Joint – both must sign)

\_\_\_\_\_  
Owner's Social Security Number or  
Taxpayer ID Number

(\_\_\_\_\_)\_\_\_\_\_  
Owner's Telephone Number

\_\_\_\_\_  
Signature of Joint Owner(s)

\_\_\_\_\_  
Joint Owner's Social Security Number or  
Taxpayer ID Number

(\_\_\_\_\_)\_\_\_\_\_  
Joint Owner's Telephone Number

\_\_\_\_\_  
Signature of Witness\*

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number of Witness

\_\_\_\_\_  
Owner's E-mail Address (if available)

**\*All forms require a witness signature of an adult that is not the spouse, beneficiary, owner, or newly named owner of the policy.**