

Ownership Change Request

Please note:

- A change of ownership may have tax consequences. Consult a tax advisor before making any changes to the ownership of your annuity.
- A change of ownership and/or the addition of a joint owner will revoke the interest of any beneficiaries designated before the effective date of the change. You must designate new beneficiaries on this form below. If you do not designate any new beneficiaries, any death benefit will default to your estate. Please call Customer Service for details.
- Contracts changing to a non-natural owner (trust, corporation, non-profit, etc) must have the non-natural owner listed as the sole primary beneficiary for this ownership change to be accepted in good order.
- A person and an entity (for example, a trust) cannot share the ownership of an annuity.
- An ownership change is not binding until we receive all paperwork in good order and acknowledge that the change has been made. The ownership change will be effective as of the date this form is signed subject to any action taken by the Company prior to its receipt of the request in good order. The Company is not responsible for the validity, sufficiency, or tax consequences of this change.

For questions or help with this form, call us at **800-990-7626**.
Throughout this form, "the Company" refers to the issuing company.¹

1 Current Owner Information

Contract Number		
Owner Name	Date of Birth (mm/dd/yyyy)	Last Four Digits SSN/TIN
Joint Owner Name (if applicable)	Date of Birth (mm/dd/yyyy)	Last Four Digits SSN/TIN

2 New Owner Information

Complete this section if you want to change the owner.

- If you wish to designate a **person** as owner, complete the Designate a Person as Owner section. If you wish to change or add a **joint owner**, complete the Add or Change a Person as Joint Owner section.
- If you wish to designate a **trust** or **entity** as owner, complete the Designate a Trust/Entity as Owner section.

Designate a **Person** as Owner

New Owner Name	SSN	
Address		Date of Birth (mm/dd/yyyy)
City	State	Zip Code
Email Address		Phone Number

¹ Clear Spring Life and Annuity Company is authorized to transact business in all states (except New York) and is a member of Group1001. Clear Spring Life and Annuity Company is responsible for its own financial condition and contractual obligations.

2 New Owner Information (continued)

Complete this section if you want to add or change the Joint Owner.

Add or Change a **Person** as Joint Owner

New Joint Owner Name (if applicable)	SSN	
Relationship to Owner	Date of Birth (mm/dd/yyyy)	
Address		
City	State	Zip Code
Email Address	Phone Number	

Designate a **Trust/Entity** as Owner

Please submit a completed KYC Questionnaire form and the applicable Trust and/or additional paperwork. Call Customer Service for details.

Name		
Date of Trust (mm/dd/yyyy) (if applicable)	TIN	
Trustee(s) Name(s)	Phone Number	
Address		
City	State	Zip Code

3 Lifetime Withdrawal Rider Acknowledgment

Important information for accounts with an active lifetime withdrawal rider.

By signing section 6 of this form, you acknowledge and confirm that you understand and accept that changing the owner on this contract may cancel the lifetime withdrawal rider.

Please talk with your agent and read your contract carefully to understand how this change of ownership will affect your lifetime withdrawal rider.

4 Primary Beneficiaries

- By signing section 6 below you are acknowledging that this change of ownership and/or the addition of a joint owner will revoke the interest of any beneficiaries designated before the effective date of the change. Any beneficiary designation made on this form becomes effective upon receipt and once this change is recorded in the company's system, an acknowledged letter will be sent to you.
- Total benefit for all primary beneficiaries listed on this form must add up to 100%. Fractions are not acceptable. You may indicate 'equal' to divide the benefit evenly among all beneficiaries.
- To Name additional primary beneficiaries or contingent beneficiaries, please attach an additional page with the requested information below. Please be sure to sign and date the additional page.
- If a trust is the beneficiary, provide the Trustee's name and contact information.

Beneficiary Name			
Percentage %	Date of Birth (mm/dd/yyyy)	SSN/TIN	Relationship to Owner(s)
Address			
City		State	Zip Code
Email Address			Phone Number

Beneficiary Name			
Percentage %	Date of Birth (mm/dd/yyyy)	SSN/TIN	Relationship to Owner(s)
Address			
City		State	Zip Code
Email Address			Phone Number

Beneficiary Name			
Percentage %	Date of Birth (mm/dd/yyyy)	SSN/TIN	Relationship to Owner(s)
Address			
City		State	Zip Code
Email Address			Phone Number

5 Spousal Consent

(If residing in a Community Property State – **AZ, CA, GU, ID, LA, NV, NM, TX, WA, or WI**)

If you are married and live in one of the above referenced states, your contract may be subject to community property rules. If so, spousal consent is required for the requested ownership change. It is your sole responsibility to determine whether your contract is subject to community property laws, and your spouse's signature must be obtained. Questions should be referred to a legal professional.

If you determine that your contract is subject to community property law and you have designated someone other than your spouse as beneficiary, state law requires that your spouse consent to such designation. If you do not obtain your spouse's consent to the foregoing designation(s), then such designation(s) may not be effective.

The Company assumes no responsibility and has no obligation to inquire and/or investigate whether your contract is considered community property. In consideration of accepting this Ownership Change form, you agree to indemnify and hold The Company harmless from any and all consequences and effects of accepting and recording the ownership change.

Please select one and along with any signature or required documentation

☐ Your contract is not community property,

Owner Signature

X

Date (mm/dd/yyyy)

☐ Your contract is community property,

Spouse Signature

X

Date (mm/dd/yyyy)

☐ You are divorced, and the contract was not included in the Divorce Decree or your former spouse still retains a right to this contract,

Former Spouse Signature

X

Date (mm/dd/yyyy)

☐ You are divorced and your spouse relinquished their interest in the contract in the Divorce Decree and/or Property Settlement, please attach a certified copy of the Divorce Decree and/or Property Settlement.

☐ Your spouse is deceased, please attach a copy of the death certificate.

6

All owners must sign this form.

If you are signing this form as a fiduciary (power of attorney, trustee, guardian, custodian, etc.) for the contract owner, you must sign in your fiduciary capacity and not in your individual capacity. We will need your authorizing documents to process this request. If we do not have them on file, please attach them to this form.

By signing this form, you acknowledge and confirm that you understand and accept that changing the owner on this account may cancel your Lifetime Withdrawal Rider.

We require original **Notarization** (no faxes/emails) of the current owners.

- ***A completed W9 form with the owner's information is required to complete the requested ownership change. W9 form is available on clearspringlife.com website.***

Current contract owner(s)

Current Owner Signature X	Date (mm/dd/yyyy)	Current Joint Owner Signature (if applicable) X	Date (mm/dd/yyyy)
Please Print Owner Name		Please Print Joint Owner Name (if applicable)	

Notary Signature and Stamp: The person(s) whose signature(s) appears above have appeared before me, have been sworn, and have attested that the information contained in this document is true.

Notary Signature <div style="border: 1px solid black; height: 40px; margin-top: 5px; display: flex; align-items: center; justify-content: center; font-size: 2em;">X</div>	Date (mm/dd/yyyy)
Notary Seal <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>	

My Commission Expires: _____

New contract owner(s)

New Owner Signature X	Date (mm/dd/yyyy)	New Joint Owner Signature (if applicable) X	Date (mm/dd/yyyy)
Please Print New Owner Name		Please Print New Joint Owner Name (if applicable)	

Contact Us

By mail

Clear Spring Life and Annuity Company
P.O. Box 80509
Indianapolis, IN 46280-0428

By express mail

Clear Spring Life and Annuity Company
10555 Group 1001 Way
Zionsville, IN 46077

By fax

317-574-2050

By email

customerservice@clearspringlife.com

By phone

Customer Service **800-990-7626** M-F 8:00 a.m.-5:00 p.m., ET