

POLICY NO.: _____ OWNER'S DAYTIME PHONE NO.: _____

ANNUITANT: _____ OWNER: _____

☐ ABSOLUTE ASSIGNMENT 1. PLEASE ATTACH ANNUITY CONTRACT	I/We hereby assign, transfer and convey all rights, title and interest in and to the subject contract to <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">New Owner (Please print)</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">New Co-Owner, if any (Please print)</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Address of New Owner</td> <td style="border-bottom: 1px solid black; text-align: center;">Address of New Co-Owner</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">New Owner's Social Security Number</td> <td style="border-bottom: 1px solid black; text-align: center;">Owner's Date of Birth</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">New Co-Owner's Social Security Number</td> <td style="border-bottom: 1px solid black; text-align: center;">Co-Owner's Date of Birth</td> </tr> </table> THE ORIGINAL CUSTOMER COPY OF POLICY/CERTIFICATE IS NEEDED TO COMPLETE YOUR REQUEST. ☐ Original customer copy of policy is attached. (The contract/certificate will be endorsed and forwarded to the new Owner.) OR ☐ I certify that the original customer copy of my policy/certificate has been lost or destroyed. After due search and to the best of my knowledge, it is not in the possession or control of any other person. I understand that a duplicate policy will be issued, endorsed and forwarded to the new Owner. BENEFICIARY DESIGNATION FOR NEW OWNER I/We revoke existing designations and make the following Primary and Contingent Beneficiary designations as listed below. If the beneficiary is a Trust, please include the Name AND Date of the Trust. If you wish to change the Annuitant's beneficiary or Joint Owner's, please complete Section 2 on the reverse side. The New Owner's Beneficiary Primary Beneficiary: _____ Please Print Name, Relationship and Age of Beneficiary _____ Address, City, State and Zip Code of Beneficiary Contingent Beneficiary: _____ Please Print Name, Relationship and Age of Beneficiary _____ Address, City, State and Zip Code of Beneficiary Unless otherwise directed, proceeds payable will be divided equally among the surviving beneficiaries. The Company shall not be liable for proceeds paid to a Trustee nor be required to determine that a trust is in effect. To determine the existence or identity of the members of a designated class of beneficiaries, The Company may rely on such documentation as it deems sufficient. If not stated otherwise, the right to change a beneficiary is reserved to the Owner. TAXPAYER ID NUMBER TAX IDENTIFICATION NUMBER OF PRESENT OWNER: This section must be completed by the present owner of the annuity. Failure to do so may delay your request. <table style="width: 100%; border: 1px solid black; text-align: center; margin: 5px 0;"> <tr> <td colspan="10" style="color: red; font-weight: bold;">PRESENT OWNER'S TAX ID / Social Security Number</td> </tr> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> NOTE: FOR ANNUITIES ISSUED AFTER APRIL 21, 1987, ANY GAIN AT TIME OF TRANSFER WILL BE TAX REPORTED. IRS FORM 1099 WILL BE ISSUED AT YEAR END. <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Date</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Signature Present Owner</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Signature Present Co-Owner, if any</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Date</td> <td style="border-bottom: 1px solid black; text-align: center;">Signature New Owner</td> <td style="border-bottom: 1px solid black; text-align: center;">Signature New Co-Owner, if any</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black; text-align: center;">Signature of Irrevocable Beneficiary, if any</td> </tr> </table> NOTE: SIGNATURE(S) MUST BE NOTARIZED OR WITNESSED BY TWO ADULTS WHO ARE NOT NEW OWNER(S). <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Notary Public</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Witness Signature</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Witness Signature</td> </tr> </table>	New Owner (Please print)	New Co-Owner, if any (Please print)	Address of New Owner	Address of New Co-Owner	New Owner's Social Security Number	Owner's Date of Birth	New Co-Owner's Social Security Number	Co-Owner's Date of Birth	PRESENT OWNER'S TAX ID / Social Security Number																				Date	Signature Present Owner	Signature Present Co-Owner, if any	Date	Signature New Owner	Signature New Co-Owner, if any	Signature of Irrevocable Beneficiary, if any			Notary Public	Witness Signature	Witness Signature
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Signature of Irrevocable Beneficiary, if any																																									
Notary Public	Witness Signature	Witness Signature																																							
ACKNOWLEDGMENT (For Home Office Use Only)	When acknowledged by Company endorsement, the change shall take effect on the date this form was signed by Owner(s), but without prejudice to The Company on account of payment made or action taken before the date of acknowledgment. <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Date of Acknowledgment</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Authorized Signature</td> </tr> </table>	Date of Acknowledgment	Authorized Signature																																						
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BENEFICIARY CHANGE	2.	I/We revoke existing designations and subject to any existing assignment, make the following Primary and Contingent Beneficiary designations as listed below: **If the Beneficiary is being changed to a TRUST, please include the Name AND Date of the TRUST** The Annuitant's Beneficiary Primary Beneficiary: _____ Please Print Name, Relationship and Age of Beneficiary _____ Address, City, State and Zip Code of Beneficiary Contingent Beneficiary: _____ Please Print Name, Relationship and Age of Beneficiary _____ Address, City, State and Zip Code of Beneficiary The Joint Owner's Beneficiary Primary Beneficiary: _____ Please Print Name, Relationship and Age of Beneficiary _____ Address, City, State and Zip Code of Beneficiary Contingent Beneficiary: _____ Please Print Name, Relationship and Age of Beneficiary _____ Address, City, State and Zip Code of Beneficiary The Owner's Beneficiary Primary Beneficiary: _____ Please Print Name, Relationship and Age of Beneficiary _____ Address, City, State and Zip Code of Beneficiary Contingent Beneficiary: _____ Please Print Name, Relationship and Age of Beneficiary _____ Address, City, State and Zip Code of Beneficiary Unless otherwise directed, proceeds payable will be divided equally among the surviving beneficiaries. The Company shall not be liable for proceeds paid to a Trustee nor be required to determine that a trust is in effect. To determine the existence or identity of the members of a designated class of beneficiaries, The Company may rely on such documentation as it deems sufficient. If not stated otherwise, the right to change a beneficiary is reserved to the Owner.																		
ADDRESS CHANGE	3.	<table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top;">Previous Address: _____</td><td style="width: 50%; vertical-align: top;">Current Address: _____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table>	Previous Address: _____	Current Address: _____	_____	_____	_____	_____												
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_____	_____																			
_____	_____																			
NAME CHANGE ATTACH DOCUMENTATION	4.	☐ Annuitant ☐ Owner From: _____ To: _____ Reason: ☐ Marriage ☐ Divorce ☐ Other (explain below) _____																		
DUPLICATE CONTRACT REQUEST	5.	I/We certify the subject contract has been lost or destroyed and request that a duplicate be issued. If a duplicate is issued, the original shall be null and void. The contract has not been sold, assigned or pledged to any person or organization.																		
WITNESSED SIGNATURE(S) (Complete This Section For All Requests EXCEPT Ownership Changes.)	6.	ALL REQUESTS OR CHANGES REQUIRE WITNESSED SIGNATURE(S) <table style="width: 100%; border: none;"><tr><td style="width: 33%; text-align: center;">_____</td><td style="width: 33%; text-align: center;">_____</td><td style="width: 33%; text-align: center;">_____</td></tr><tr><td style="text-align: center;">Date</td><td style="text-align: center;">Witness Signature</td><td style="text-align: center;">Owner Signature</td></tr><tr><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr><tr><td style="text-align: center;">Date</td><td style="text-align: center;">Witness Signature</td><td style="text-align: center;">Co-Owner Signature</td></tr><tr><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr><tr><td style="text-align: center;">Date</td><td style="text-align: center;">Witness Signature</td><td style="text-align: center;">Signature of Irrevocable Beneficiary, if any</td></tr></table>	_____	_____	_____	Date	Witness Signature	Owner Signature	_____	_____	_____	Date	Witness Signature	Co-Owner Signature	_____	_____	_____	Date	Witness Signature	Signature of Irrevocable Beneficiary, if any
_____	_____	_____																		
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