

POLICY CHANGE SERVICE FORM - ANNUITY

INFORMATION ABOUT THE OWNER		
Owner Name		SSN/TIN
Address (City, State, Zip Code)		
Date of Birth (mm/dd/yyyy)		Phone Number
Policy Number		Insured
ADDRESS/EMAIL CHANGE <input type="checkbox"/> Owner <input type="checkbox"/> Annuitant		
Previous Address (Street, City, State, Zip)		
<input type="checkbox"/> Physical Address <input type="checkbox"/> Mailing Address		Old Phone Number
New Address (Street, City, State, Zip)		New Phone Number
Old Email Address		New Email Address
NAME CHANGE		
<input type="checkbox"/> Owner <input type="checkbox"/> Joint Owner <input type="checkbox"/> Annuitant <input type="checkbox"/> Joint Annuitant		
Previous Name (First, Middle, Last)		New Name (First, Middle, Last)
Reason: <input type="checkbox"/> Court Order* <input type="checkbox"/> Marriage* <input type="checkbox"/> Divorce* <input type="checkbox"/> Other *Please send a copy of legal documents		
OWNERSHIP CHANGE		
Current Owner Name:		
New Owner Name:		New Owner Social Security Number:
Date of Birth:	Phone Number:	Relationship to Annuitant:
New Owner Address:		
If there is a Trust involved, Trust paperwork MUST be submitted. Ownership change has important legal and tax implications. Please read your Policy and check with your legal tax advisors before completing this form. The new owner's beneficiary designation should be completed.		

AUTHORIZATION AND ACCEPTANCE

Please refer to your contract for the specific terms and conditions of the changes requested on this form. No person, firm, or corporation other than the undersigned has any interest in this Policy. There are no insolvency or bankruptcy proceedings that have been instituted or are pending against the undersigned. **To the best of my knowledge, I certify that the above information is correct.**

Owner Signature:	Date:	New Owner Signature:	Date:
Parent/Legal Guardian (if Annuity owner is a minor)	Date:	As the New Annuitant, I am aware and understand that I have no ownership rights in the contract. New Annuitant's Signature: _____ Date: _____	

SPOUSAL CONSENT

If you reside in the following states AZ, CA, GU, ID, LA, NV, NM, TX, WA, or WI, your spouse must consent to this transaction. Unless the Company has been notified of a community property interest in this Policy, we are entitled to rely on our good faith belief that no community property interest exists, and we assume no responsibility for inquiry.