

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

ANNUITANT: _____ OWNER: _____

<input type="checkbox"/> ABSOLUTE ASSIGNMENT 1. (Transfer/Change of Ownership) PLEASE ATTACH ANNUITY CONTRACT	<p>I/We hereby assign, transfer and convey all rights, title and interest in and to the subject contract to</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">New Owner (Please print)</td> <td style="width: 50%; border-bottom: 1px solid black;">New Co-Owner, if any (Please print)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Address of New Owner</td> <td style="border-bottom: 1px solid black;">Address of New Co-Owner</td> </tr> <tr> <td style="border-bottom: 1px solid black;">New Owner's Social Security Number</td> <td style="border-bottom: 1px solid black;">Owner's Date of Birth</td> </tr> <tr> <td style="border-bottom: 1px solid black;">New Co-Owner's Social Security Number</td> <td style="border-bottom: 1px solid black;">Co-Owner's Date of Birth</td> </tr> </table> <p style="color: red; text-align: center;">THE ORIGINAL CUSTOMER COPY OF POLICY/CERTIFICATE IS NEEDED TO COMPLETE YOUR REQUEST.</p> <p><input type="checkbox"/> Original customer copy of policy is attached. (The contract/certificate will be endorsed and forwarded to the new Owner.) OR <input type="checkbox"/> 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.</p> <p style="text-align: center;">BENEFICIARY DESIGNATION FOR NEW OWNER</p> <p>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.</p> <p>The New Owner's Beneficiary</p> <p>Primary Beneficiary: _____ Please Print Name, Relationship and Age of Beneficiary</p> <p>Address, City, State and Zip Code of Beneficiary: _____</p> <p>Contingent Beneficiary: _____ Please Print Name, Relationship and Age of Beneficiary</p> <p>Address, City, State and Zip Code of Beneficiary: _____</p> <p>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.</p> <p style="text-align: center;">TAXPAYER ID NUMBER</p> <p>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.</p> <table style="width: 100%; border: 1px solid black; text-align: center;"> <tr> <td colspan="10">PRESENT OWNER'S TAX ID / Social Security Number</td> </tr> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> <p style="color: red; text-align: center;">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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Date</td> <td style="width: 35%; border-bottom: 1px solid black;">Signature Present Owner</td> <td style="width: 35%; border-bottom: 1px solid black;">Signature Present Co-Owner, if any</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date</td> <td style="border-bottom: 1px solid black;">Signature New Owner</td> <td style="border-bottom: 1px solid black;">Signature New Co-Owner, if any</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Signature of Irrevocable Beneficiary, if any</td> </tr> </table> <p style="color: red; text-align: center;">NOTE: SIGNATURE(S) MUST BE NOTARIZED OR WITNESSED BY TWO ADULTS WHO ARE NOT NEW OWNER(S).</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Notary Public</td> <td style="width: 35%; border-bottom: 1px solid black;">Witness Signature</td> <td style="width: 35%; border-bottom: 1px solid black;">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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<input type="checkbox"/> BENEFICIARY CHANGE 2.	<p>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**</p> <p>The Annuitant's Beneficiary Primary Beneficiary: _____ <small>Please Print Name, Relationship and Age of Beneficiary</small> _____ <small>Address, City, State and Zip Code of Beneficiary</small></p> <p>Contingent Beneficiary: _____ <small>Please Print Name, Relationship and Age of Beneficiary</small> _____ <small>Address, City, State and Zip Code of Beneficiary</small></p> <p>The Joint Owner's Beneficiary Primary Beneficiary: _____ <small>Please Print Name, Relationship and Age of Beneficiary</small> _____ <small>Address, City, State and Zip Code of Beneficiary</small></p> <p>Contingent Beneficiary: _____ <small>Please Print Name, Relationship and Age of Beneficiary</small> _____ <small>Address, City, State and Zip Code of Beneficiary</small></p> <p>The Owner's Beneficiary Primary Beneficiary: _____ <small>Please Print Name, Relationship and Age of Beneficiary</small> _____ <small>Address, City, State and Zip Code of Beneficiary</small></p> <p>Contingent Beneficiary: _____ <small>Please Print Name, Relationship and Age of Beneficiary</small> _____ <small>Address, City, State and Zip Code of Beneficiary</small></p> <p>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.</p>																		
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<input type="checkbox"/> NAME CHANGE 4. ATTACH DOCUMENTATION	<p><input type="checkbox"/> Annuitant <input type="checkbox"/> Owner</p> <p>From: _____ To: _____</p> <p>Reason: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other (explain below) _____</p>																		
<input type="checkbox"/> DUPLICATE CONTRACT REQUEST 5.	<p>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.</p>																		
<input type="checkbox"/> WITNESSED SIGNATURE(S) 6. <small>(Complete This Section For All Requests EXCEPT Ownership Changes.)</small>	<p>ALL REQUESTS OR CHANGES REQUIRE WITNESSED SIGNATURE(S)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> </tr> <tr> <td style="border: none;"><small>Date</small></td> <td style="border: none;"><small>Witness Signature</small></td> <td style="border: none;"><small>Owner Signature</small></td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"><small>Date</small></td> <td style="border: none;"><small>Witness Signature</small></td> <td style="border: none;"><small>Co-Owner Signature</small></td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"><small>Date</small></td> <td style="border: none;"><small>Witness Signature</small></td> <td style="border: none;"><small>Signature of Irrevocable Beneficiary, if any</small></td> </tr> </table>	_____	_____	_____	<small>Date</small>	<small>Witness Signature</small>	<small>Owner Signature</small>	_____	_____	_____	<small>Date</small>	<small>Witness Signature</small>	<small>Co-Owner Signature</small>	_____	_____	_____	<small>Date</small>	<small>Witness Signature</small>	<small>Signature of Irrevocable Beneficiary, if any</small>
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