

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

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| <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; 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> <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>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 style="text-align: center;">The New Owner's Beneficiary</p> <p>Primary Beneficiary: _____ <small>Please Print Name, Relationship and Age of Beneficiary</small></p> <p>_____ <small>Address, City, State and Zip Code of Beneficiary</small></p> <p>Contingent Beneficiary: _____ <small>Please Print Name, Relationship and Age of Beneficiary</small></p> <p>_____ <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> <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; margin: 5px 0;"> <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; margin-top: 10px;"> <tr> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;">Date</td> <td style="width: 35%; border-bottom: 1px solid black; text-align: center;">Signature Present Owner</td> <td style="width: 35%; 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> <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; margin-top: 10px;"> <tr> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;">Notary Public</td> <td style="width: 35%; border-bottom: 1px solid black; text-align: center;">Witness Signature</td> <td style="width: 35%; 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 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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;"> <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Acknowledgment | Authorized 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: _____ Please Print Name, Relationship and Age of Beneficiary _____ Address, City, State and Zip Code of Beneficiary _____</p> <p>Contingent Beneficiary: _____ Please Print Name, Relationship and Age of Beneficiary _____ Address, City, State and Zip Code of Beneficiary _____</p> <p>The Owner's Beneficiary Primary Beneficiary: _____ Please Print Name, Relationship and Age of Beneficiary _____ Address, City, State and Zip Code of Beneficiary _____</p> <p>Contingent Beneficiary: _____ Please Print Name, Relationship and Age of Beneficiary _____ Address, City, State and Zip Code of Beneficiary _____</p> <p>The Joint Owner's Beneficiary Primary Beneficiary: _____ Please Print Name, Relationship and Age of Beneficiary _____ Address, City, State and Zip Code of Beneficiary _____</p> <p>Contingent Beneficiary: _____ Please Print Name, Relationship and Age of Beneficiary _____ 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> | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ADDRESS CHANGE 3. | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Previous Address: _____</td> <td style="width: 50%; border: none;">Current Address: _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table> | Previous Address: _____ | Current Address: _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | |
| Previous Address: _____ | Current Address: _____ | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | | | | | | | |
| <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. (Complete This Section For All Requests EXCEPT Ownership Changes.) | <p style="text-align: center; color: red;">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; text-align: center;">Date</td> <td style="border: none; text-align: center;">Witness Signature</td> <td style="border: none; text-align: center;">Owner Signature</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Date</td> <td style="border: none; text-align: center;">Witness Signature</td> <td style="border: none; text-align: center;">Co-Owner Signature</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Date</td> <td style="border: none; text-align: center;">Witness Signature</td> <td style="border: none; 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 |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | |
| Date | Witness Signature | Owner Signature | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | |
| Date | Witness Signature | Co-Owner Signature | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | |
| Date | Witness Signature | Signature of Irrevocable Beneficiary, if any | | | | | | | | | | | | | | | | | |
| ACKNOWLEDGMENT (For Home Office Use Only) | <p>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.</p> <p style="text-align: center;"> _____ Date of Acknowledgment </p> <p style="text-align: center;"> _____ Authorized Signature </p> | | | | | | | | | | | | | | | | | | |