

Ownership Change Request

Mail to: P.O. Box 79905, Des Moines, IA 50325-0905

Overnight to: 4350 Westown Parkway, West Des Moines, IA 50266



I. Current Owner Information

Contract/Policy Number

Insured/Annuitant's First Name

MI

Last Name

Owner's First Name (If other than Annuitant/Insured)

MI

Last Name

Social Security Number

Birth Date (mm/dd/year)

Joint Owner's First Name

MI

Last Name

Social Security Number

Birth Date (mm/dd/year)

Trust or Corporation Name (If current owner is a Trust or Corporation)

Tax ID Number

(If current owner is a Trust or Corporation)

Phone Number

Owner's Mailing Address

City

State

Zip Code

II. Ownership Change Information

- This ownership change request form meets the Written Notice requirement defined in the policy.
- Any ownership change is subject to the Company's underwriting rules in force at the time of the change.
- Ownership restrictions apply to qualified plans such as IRAs, Roth IRAs and TSAs.
- An ownership change may have tax consequences. Tax advice should be obtained prior to making this change.
- This Ownership Change Request form will have no effect on any previous beneficiary designation. We strongly recommend that you also complete a Beneficiary Change Request (Form 8849Z).
- A copy of the Certification of Trust form must be submitted if the new owner designation is a trust. (form 10112Z)
- A copy of the Corporate Resolution, naming persons authorized and empowered to sign, must be submitted if the new owner designation is a company or corporation.
- If you want to designate more than two new owners, please fill out the required information on a separate sheet of paper that is signed according to Section IV on the back of this form. Attach it to this form.

III. Change Requested

- ☐ Adding Joint Owner - Proceed to New Owner Information Section IV
- ☐ Removing Joint Owner - Name of Owner being removed _____
- Signature of owner being removed _____
- ☐ Change to New Owner. (See Section IV)
- ☐ Other _____

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IV. New Owner Information

To help fight the funding of terrorism and money-laundering activities, the U.S. government passed the USA Patriot act, requiring financial institutions including insurance companies, to obtain, verify and record information that identifies persons who engage in certain transactions with or through our company. This means that we will verify the name, address, date of birth and social security number or other tax identification number on the proposed owner of all insurance applications. We may request a legible copy of a driver's license, passport or other identifying documents from you.

For multiple new owners, please utilize separate blank form for this section

New Owner's First Name
MI
Last Name

Social Security Number - -
Birth Date (mm/dd/year) / /

Relationship to Current Owner

Sections A and B must be completed

A. ☐ Driver's License ☐ State-issued ID ☐ Military ID ☐ Passport ☐ Alien Registration Card

State / Country: _____ Number: _____ Exp. Date: _____ / _____ / _____

B. ☐ US Citizen ☐ Resident Alien Country _____ ☐ Nonresident Alien* Country _____

*Nonresident Alien - If you choose this box, a copy of a driver's license, passport or other identifying documentation from you is required.

New Joint Owner's First Name
MI
Last Name

Social Security Number - -
Birth Date (mm/dd/year) / /

Relationship to Current Owner

Sections A and B must be completed

A. ☐ Driver's License ☐ State-issued ID ☐ Military ID ☐ Passport ☐ Alien Registration Card

State / Country: _____ Number: _____ Exp. Date: _____ / _____ / _____

B. ☐ US Citizen ☐ Resident Alien Country _____ ☐ Nonresident Alien* Country _____

*Nonresident Alien - If you choose this box, a copy of a driver's license, passport or other identifying documentation from you is required.

Trust or Corporation Name (If new owner is a Trust or Corporation) See section II for additional required forms.

Tax ID Number (If new owner is a Trust or Corporation)

-

Phone Number

- -

New Owner's Mailing Address

City
State
Zip Code -

Trust or Corporation ☐ Partnership/Trust Agreement ☐ Certificate of Incorporation ☐ Business License ☐ Certification of Trust

State / Country: _____ Number: _____ Trust/Incorporation Date: _____ / _____ / _____

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V. Acknowledgement

I/We hereby acknowledge that the information provided herein is to the best of my/our knowledge true and accurate. I/We also acknowledge that this form must be fully completed and failure to complete any portion of this form may delay the processing of this request. The completion of this form is necessary to satisfy the Written Notice Requirement as defined in Section 1 of your annuity contract.

IMPORTANT NOTICES REGARDING SIGNATURE REQUIREMENTS

***If the current owner or new owner resides in one of the following community property states, the spouse's signature, if applicable, is required: AZ, CA, ID, LA, NM, NV, TX, WA or WI.**

****If the current owner or new owner resides in the state of MA, the signature of a disinterested witness is required. A disinterested person is described as anyone other than a designated beneficiary.**

If the current owner or new owner is a Trust, the Trustee must sign on behalf of the Trust. If the current owner or new owner is a corporation an authorized officer of the corporation must sign on behalf of the corporation. The corporate officer should include his/her title. We reserve the right to ask for proof of such authorization.

Current Owner's Signature - All current owners are required to sign

	Date										
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Current Owner's Signature											
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Current Joint Owner's Signature											
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*Current Owner's Spouse Signature	<input type="checkbox"/> Not Married										

New Owner's Signature - All new owners are required to sign even if you are a current owner

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**Disinterested Witness Signature											
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Agent Signature											
<input type="checkbox"/> Agent was present and verified the information											
<input type="checkbox"/> Agent was not present											

