

Ownership and/or Beneficiary Change Request

Please Print

Annuitant	Owner (current)	Annuity No.
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Ownership Transfer

I hereby assign and transfer all rights, options and privileges available under this annuity including the right to change the beneficiary thereunder, to the following named person who shall be the Owner of the annuity.
I declare that no proceeding in bankruptcy or insolvency is pending against me.

New Owner's Name (Print)	Date of Birth	S.S. # or Tax I.D. #
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Address	Street	City	State	Zip
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We agree that any change requested above shall be effected by return of this request with the Company's acknowledgment endorsed thereon.
NOTE: If owner is a company or corporation, two officers must sign showing titles.
By signing below as current owner, I hereby assign and transfer all rights, options and privileges available under this annuity while the insured is living, including the right to change the beneficiary thereunder, to the following named person who shall be the Owner (Applicant) of the policy.

Current Owner's Signature (if applicable)	Date	New Owner's Signature (if applicable)	Date
X		X	

Current Joint Owner's Signature (if applicable)	Date	New Joint Owner's Signature (if applicable)	Date
X		X	

Signature of Irrevocable Beneficiary (if applicable)	Date
X	

NOTE: Beneficiary designation currently in effect is not changed unless bottom of form is completed.

Beneficiary Designation

I hereby revoke all previous beneficiary designations and change beneficiary or beneficiaries to the following:

PRIMARY

List Beneficiary's full Name, Address and Social Security Number	Relationship To Insured	Date of Birth	% of Proceeds

CONTINGENT (Pay to primary beneficiary if living, other to the following:)

List Beneficiary's full Name, Address and Social Security Number	Relationship To Insured	Date of Birth	% of Proceeds

Signatures

Unless otherwise stated, proceeds shall be paid in equal shares to any Primary Beneficiaries who survive the Insured, but if none survives, proceeds shall be paid in equal shares to any Contingent beneficiaries who survive the insured or, if none survive, to the estate of the insured. It is hereby agreed that the provisions, if any, of the said policy requiring endorsement of change of beneficiary on the policy, are annulled.

We agree that any change requested above shall be effected by return of this request with the Company's acknowledgement endorsed thereon.
NOTE: If the Owner is a company or corporation, two officers must sign showing titles.

Signature of New Owner	Signature of Irrevocable Beneficiary (if any)	Date
Signature of Joint Owner (if applicable)	Signature of Disinterested Witness (Required in MA)	Date
Signature of Owner's Spouse (required in community property states if original beneficiary.) (AZ, CA, ID, LA, NM, NV, TX, WA, WI)		Date

Service Request

Please Print

Annuitant/Insured	Owner	Contract Number
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I hereby request and direct the Company to change this contract as follows:

Change Address <input type="checkbox"/>	Street	Apt. #	<input type="checkbox"/> Annuitant
	City		<input type="checkbox"/> Owner
	State	Zip	

Lost Policy <input type="checkbox"/>	I am not able to find the policy named above. I request that the company issue a certificate which validates all of the provisions of the lost policy. If I locate my original certificate, I will return it to the Company.
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Name Change <input type="checkbox"/>	(Not to be used for Beneficiary or owner changes.)	<input type="checkbox"/> Annuitant	<input type="checkbox"/> Owner	<input type="checkbox"/> Joint Owner	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent
	Correct Name:	Beneficiary Beneficiary				
	From: _____	To: _____				
Reason for Change _____ New Signature (if annuitant, owner or joint owner) _____						

Maturity Date Change <input type="checkbox"/>	Please change my maturity date to: _____
	I understand that my written notice to change maturity date must be made at least 30 days prior to original Maturity date. I also understand that my maturity date may not be a date that is before the end of the Surrender period shown on the specification page nor may it exceed the contract year in which I turn 100 years old.

Special Requests

I agree that any changed request shall be subject to the provisions of the contract and approval by the Company. It is also agreed that any additional information required by the Company to effect the requested changes will be supplied upon request. Following completion of all requirements, the requested changes made by the application constitute a supplement to the original for the contract and shall form a part of the contract.

Date _____ Owner's Signature _____ Joint Owner _____

HOME OFFICE USE ONLY

ACKNOWLEDGMENT OF REQUEST FOR SERVICE

ATTACH TO POLICY

The North American Company for Life and Health has approved, made and recorded the changes, and complies with the requests, indicated above.

Dated at Des Moines, Iowa _____	By Officer, Policy Administration
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