



Dear Policy Owner:

The requested ownership change form is enclosed. It is used in designating a new owner for the policy listed above. Please review the enclosed "Ownership Information Sheet" for helpful information regarding designation of owners.

If the form does not provide adequate space for your desired ownership designation, additional sheets may be used. If additional sheets are attached, each additional sheet must bear the signing date, and all signatures requested at the bottom of the original form must be repeated on the attached page(s). If the back of any page is used, the same requirements apply.

If multiple individuals are to share ownership of the policy, the signature of each owner must appear on the change form. However, please be aware that designation of multiple owners is discouraged. If multiple owners are designated, the signature of every owner must be included on **all** future policy change requests.

Please note information regarding community property states at the bottom of the form, and provide the necessary signatures or documentation where necessary.

If your current premiums are being paid by bank draft, please include a bank draft authorization should you desire to change the current payment method. If no new authorization is received, we will continue the current draft.

Thank you for this opportunity to be of assistance for your insurance needs. Please feel free to contact our office toll free at 1-800-231-0801 should any further questions arise.

Sincerely,

Americo Customer Service Department

Encl.: Ownership Change Form

OWNERSHIP CHANGE REQUEST

Policy Number: _____ Insured: _____

As owner of the above designated policy, I request that all benefits, rights and privileges incident to ownership of the policy be vested in the new owner named below, or to such new owner's Executors, Administrators and Assigns or Successors and Assigns.

NEW PRIMARY OWNER:

Name: _____
(Print full name of Individual or trust.)

Social Security #: _____ * **Date of Birth:** _____
(Or Trust ID #:)

Relationship to Insured or Date of Trust (if applicable): _____

Address: _____

NEW PRIMARY OWNER'S SIGNATURE: _____

Print Title Or Trustee If Applicable: _____

** **Certification** - Under penalty of perjury, I certify that the Social Security number provided on this form is true, correct, and complete. I understand that failure to furnish number could subject me to backup withholding. I certify that I am not now subject to backup withholding.*

NEW CONTINGENT OWNER:

Name: _____
(Print full name of Individual or trust.)

Social Security #: _____ * **Date of Birth:** _____
(Or Trust ID #:)

Relationship to Insured or Date of Trust (if applicable): _____

Address: _____

NEW CONTINGENT OWNER'S SIGNATURE: _____

AUTOMATIC OWNERSHIP TRANSFER:

In the event the owner predeceases the insured/annuitant, ownership of said policy shall vest in the insured.

Signed at _____, this _____, day of _____, _____
City/State Day Month Year

X: _____ X: _____
Signature of Previous Owner Signature of Spouse**

X: _____ X: _____
Signature of Witness Print name of Witness

****IF YOU RESIDE IN ONE OF THE COMMUNITY PROPERTY STATES LISTED, YOUR SPOUSE'S SIGNATURE IS REQUIRED. IF YOU ARE DIVORCED, A COPY OF THE DIVORCE DECREE SHOWING ALL RIGHTS WERE GIVEN UP BY YOUR SPOUSE IS REQUIRED. IF YOUR SPOUSE IS DECEASED, A COPY OF THE DEATH CERTIFICATE IS REQUIRED. YOUR REQUEST CANNOT BE PROCESSED WITHOUT THIS DOCUMENTATION. COMMUNITY PROPERTY STATES: ARIZONA, CALIFORNIA, GUAM, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, TEXAS, WASHINGTON, WISCONSIN.**

OWNERSHIP INFORMATION SHEET

The following is provided to assist you in designating a new Owner.

WHO MAY NAME OR CHANGE THE OWNERSHIP ON A POLICY?

Only the owner of an insurance policy may change the ownership. If an irrevocable beneficiary has previously been named, we must have his or her signature on the change form also.

If the owner of the policy is a trust, signature(s) and title(s) of the trustees are required.

If the owner of the policy is a corporation, partnership, or business, two company officer's signatures and titles are required (President, Vice President, Secretary, etc.).

If the owner of the policy is a sole proprietorship, the sole proprietor must sign and title, as such.

WHO MAY BE NAMED AS OWNER?

The owner may be one person, more than one person, a trust, a trustee, a corporation, or any other entity from which a legal signature (or signatures) can be obtained. However, please be aware that designation of multiple owners is discouraged; if multiple owners are designated, the signature of every owner must be included on any future policy change requests.

If this is a Qualified Plan, ownership changes may be restricted.

WHAT IS THE DIFFERENCE BETWEEN A PRIMARY OWNER AND A CONTINGENT OWNER?

The **Primary** owner is the party (or parties) who will maintain control of the policy when the insured is living. The owner of the policy is the only person who can make changes to the policy.

The **Contingent** owner will assume control of the policy only if the primary owner should pass away prior to the Insured.

HOW DO I NAME A TRUST AS MY OWNER?

Please provide the name, date, social security number/tax id, and address of the trust where indicated on the Ownership Change form.

WHAT IS REQUIRED IF I LIVE IN A COMMUNITY PROPERTY STATE?

If you reside in one of the Community Property States listed, your spouse's signature is required. If you are divorced, a copy of the divorce decree showing all rights were given up by your spouse is required. If your spouse is deceased, a copy of the death certificate is required. Your request cannot be processed without this documentation.

Community Property States: Arizona, California, Guam, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin.

WHO QUALIFIES AS A WITNESS?

Any adult who is not the insured, current owner or new owner.

If alterations have been made, the current owner must initial any changes.

THE CURRENT OWNER, NEW OWNER, AND A WITNESS MUST SIGN ALL FORMS.