



New York Life Insurance Company

New York Life Insurance and Annuity Corporation (A Delaware Corporation), 51 Madison Avenue, New York, NY 10010

NYLIFE Insurance Company Of Arizona (Not licensed in every state), 4343 North Scottsdale Road, Suite 220, Scottsdale, AZ 85251

TRANSFER OF OWNERSHIP/DESIGNATION OF SUCCESSOR OWNER FOR LIFE INSURANCE

FOR THE ASSET ALLOCATION WHOLE LIFE PRODUCT THE WORD "POLICY(IES)" REFERS TO "CERTIFICATE(S)"

IMPORTANT FACTORS TO CONSIDER WHEN TRANSFERRING OWNERSHIP

Once you make a transfer of ownership, all ownership rights in the policy pass to the Owner(s) designated on page 3 (the "New Owner(s)") permanently. Subsequent transfers of ownership can be made without your knowledge, and therefore, you may not know who owns the policy on the life of the insured. Beneficiary changes can also be made without your knowledge, so you may not know the identity of the beneficiary designated to receive the death benefit of your policy. These factors are particularly significant when transferring the ownership of your policy for cash or other valuable consideration to an unrelated third party, such as in a viatical or life settlement. There may be alternatives available in your policy to obtain cash without the necessity of a transfer of ownership. Contact your agent/registered representatives or one of our customer service representatives to discuss possible alternatives. You should consult your tax advisor before any transfer of ownership.

USA PATRIOT ACT

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who becomes the owner of an existing account. What this means for you: When you change policy/account ownership, we will ask for name, address, date of birth, and other information that will allow us to identify the New Owner(s).

ADDITIONAL REQUIREMENTS FOR VARIABLE PRODUCTS

A transfer of ownership request on any variable product requires that the New Owner(s) submit financial and suitability information. To facilitate the process, the registered representative will be available to assist the New Owner(s) of the variable product in completing the Investor Profile (please complete the state applicable variation of the Investor Profile where mandated) that is required to be filed with the Transfer of Ownership Request.

Instructions for Transfer of Ownership

1. Please print clearly when completing form.
2. Please read pages 1 through 9 before completing this form.
3. **The Policyowner(s) With Right to Transfer Ownership (also referred to in this form as Current Owner) must complete pages 3 and 4 and sign page 4 to Transfer Ownership.**
The New Owner(s) must complete:
 - Tax Identification and Back-Up Withholding Certifications section on page 3
 - Top Sections of Pages 4
 - Signatures on pages 3 and 8
 - a. If there is a Check-O-Matic (C-O-M) arrangement on page 4, the Policyowner(s) With Right to Transfer Ownership and the New Owner(s) must indicate on those policies that will be transferred to a New Owner(s), whether C-O-M should be continued, discontinued or changed.
To make changes, the New Owner(s) must complete and submit: form #8069 – Check-O-Matic Request Form with this package.
 - b. The Beneficiary(ies) Designation will *continue as is* on all policy(ies) transferred unless a change of beneficiary request is made. **To make changes, the New Owner(s) must complete and submit:** form #21131 – Change of Beneficiary and form # 20885 - Statement of Trust (for trusts other than testamentary trusts). **For Variable Products: If there are any Scheduled Option(s), the Policyowner(s) With Right to Transfer Ownership and the New Owner(s) must indicate on those policies that will be transferred to a New Owner(s), whether the option(s) should be continued. To make changes to these scheduled option(s), the New Owner(s) must complete and submit additional forms, as specified on Page 4, with this package.**
4. **For Variable Products:** The New Owner(s) must also review pages 6 and 7 and complete the Investor Profile information on page 6 in order for this Transfer Of Ownership request to take effect. **A separate Investor Profile must be completed for each policy transferred.**
5. **PLEASE NOTE THE FOLLOWING:** FOR AN INDIVIDUAL OWNER WHO IS A U.S. PERSON, WE ARE REQUIRED TO (A) COLLECT THE TAX IDENTIFICATION NUMBER (TIN) OF THE NEW OWNER(S) AND (B) VERIFY THE IDENTITY OF THE NEW OWNER(S).
If the New Owner(s) does NOT have a residential or business street address, an Army Post Office (APO) or a Fleet Post Office (FPO) box number, then the residential or business street address of a next of kin or another contact individual is acceptable. For a person other than an individual (such as a corporation, partnership, or trust), a principal place of business, local office or other physical location is acceptable.

(Continued on page 2)



6. Please Note the following. Where the New Owner(s)* will be:

- a. **The Insured:** Insert the words "The Insured".
- b. **Natural Person(s), other than the Insured:** Insert the person's full name(s) and relationship to the Insured.

Note: Under present U.S. law, changing ownership to more than one person may not qualify for the annual gift tax exclusion.

* If the New Owner is a non-US citizen, a completed W-8 or W-9 form is required. If the new owner is a Resident Alien, please send a copy of your Green Card.

- If the New Owner is a minor, a legal guardian must be named, or, a Uniform Transfers to Minors Act (UTMA) or Uniform Gift to Minors Act (UGMA) designation must be used, as follows: "*(insert name of the custodian)* **as Custodian for** *(insert name of the minor and relationship to insured)* **under the** *(insert the state in which the minor lives)* **Uniform Transfers (or Gifts) to Minors Act."**
- Where two natural persons are named, rights of ownership will pass jointly to the survivor, unless otherwise specified. Where rights are not to pass jointly to the survivor(s), the names and relationships should be followed by the words "jointly in common."

- c. **A Trust:** Insert the name of the trustee followed by the words "trustee under" and the proper title and date of the trust. A copy of Form 20885 must be provided along with a copy of the trust, unless the agent certifies on 20885 that the trust was reviewed. New York Life or its subsidiaries reserves the right to request a copy of the trust instrument. A completed W-8 or W-9 form is required.

- d. **An entity:** (i.e. Corporation, Partnership, etc.) Insert entity's full legal name and address.

We require a copy of one of the following:

- **Certified articles of incorporation**
- **Government-issued business license**
- **Partnership Agreement**

For Corporations or Entities within the United States, a completed W-9 form is required. For those outside the domicile of the United States, tax certification is required. Please refer to the Internal Revenue Service website at www.irs.gov for the appropriate W-8 tax form.

When an agent/registered representative is assisting with the transfer, an Identification and Verification form (22502) should be submitted, with sections 1 and 4 completed, along with the transfer request, in lieu of a copy of the certified articles of incorporation, government-issued business license or partnership agreement. If form 22502 is not submitted, a copy of the applicable document shown above is required, along with the transfer request.

7. Please note the following. Where the Current Owner is a:

- a. **Trust, Guardian, etc.:** When a transfer of ownership request is signed by a person acting as a trustee, guardian, or in some similar capacity, the trust instrument or other evidence of that person's authority to change ownership should accompany the request for change. The title of the trustee, guardian, etc. is to follow the signature of that individual.
- b. **Corporation:** This transfer of ownership request must be signed on behalf of the corporation by two disinterested (non-insured) Corporate Officers (President, Secretary or Treasurer), with their titles. New York Life or its subsidiaries may require a copy of the corporate board minutes which authorized the transfer of ownership.
- c. **Partnership:** This transfer of ownership request must be signed by two partners, with their titles as partner, other than the Insured. In the case of a limited partnership, we will require only the signature of a general partner, with the title of general partner. A copy of the partnership agreement must be attached

Instructions for Designation of Successor Owner

- 1. The New Owner must complete and sign page 9 to designate a Successor Owner.**

(Where there is no Transfer of Ownership, use Form 21132-OD to designate a Successor Owner.)

- 2. Please note the following. Where the Successor Owner will be:**

- a. **The Insured:** Insert the words "The Insured"
- b. **Natural Person(s), other than the Insured:** Insert the person's full name(s) and relationship to the Insured.
 - If the Successor Owner is a minor, a legal guardian must be named, or, a Uniform Transfers to Minors Act (UTMA) or Uniform Gift to Minors Act (UGMA) designation must be used, as follows: "*(insert name of the custodian)* **as Custodian for** *(insert name of the minor and relationship to insured)* **under the** *(insert the state in which the minor lives)* **Uniform Transfers (or Gifts) to Minors Act."**
 - Where two natural persons are named, rights of ownership will pass jointly to the survivor, unless otherwise specified. Where rights are not to pass jointly to the survivor(s), the names and relationships should be followed by the words "jointly in common."
- c. **A Trust:** Insert the name of the trustee followed by the words "trustee under" and the proper title and date of the trust. In general, a trustee of a trust created under a will should not be designated as Successor Owner.
- d. **An Entity:** Insert entity's full legal name and address.



Part I. Request for Transfer of Ownership

This section to be completed by the New Owner – Tax Information

IMPORTANT: The Internal Revenue Service (IRS) and New York Life **REQUIRE** that the **New Owner** complete the following:

Taxpayer Identification Number and Backup Withholding Certifications

New Owner's Taxpayer Identification Number is _____

Under penalties of perjury, I (as owner named) certify:

- (1) My social security number or Tax ID number shown on this form is my correct taxpayer identification number,
- (2) I am not subject to backup withholding because (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividend income; or (c) the IRS has notified me that I am no longer subject to backup withholding,
- (3) I am a U.S. person (includes a U.S. resident alien), and
- (4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Check this box if the IRS has notified you that you are subject to backup withholding.

If I am not a U.S. citizen, U.S. resident alien or other U.S. person, I am submitting the applicable Form W8 with this form to certify my foreign status and, if applicable, claim treaty benefits.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____ /_____/_____
Signature of New Owner Date

This section to be completed by the Current Owner

FOR THE ASSET ALLOCATION WHOLE LIFE PRODUCT THE WORD "POLICY(IES)" REFERS TO "CERTIFICATE(S)"

Indicate number of policies to be changed: _____ Indicate number of New Owners(s) _____

Policy #(s) _____ on the
life of _____ the Insured.

All rights of ownership in the above numbered policy(ies) are to be transferred to a New Owner(s) as follows: If there are more than two new owners, please complete the information for each new owner on a separate sheet of paper and submit it with Transfer of Ownership Request.

Each New Owner must provide a signature on page 8 and Tax Identification Number above.

New Owner 1:

New Owner 2:

Full Name & Relationship to Insured **REQUIRED**
Address:

Full Name & Relationship to Insured **REQUIRED**
Address:

Please provide a Residence or Business Street Address. P.O. Box not acceptable

Please provide a Residence or Business Street Address. P.O. Box not acceptable

City, State & Zip Code
Birth date (REQUIRED if a natural person): **Gender:**
_____/_____/_____ Male Female

City, State & Zip Code
Birth date (REQUIRED if a natural person): **Gender:**
_____/_____/_____ Male Female

Is the New Owner(s) (if a natural person) a citizen of the United States?
 Yes No

Is the New Owner(s) (if a natural person) a citizen of the United States?
 Yes No

If No, please supply Passport Number:

If No, please supply Passport Number:

Country of Issuance:

Expiration Date:

Country of Issuance:

Expiration Date:



This section to be completed by the Current Owner and New Owner:

FOR THE ASSET ALLOCATION WHOLE LIFE PRODUCT THE WORD "POLICY(IES)" REFERS TO "CERTIFICATE(S)".

For Check-O-Matic (C-O-M):

I/We, the Person(s) With Right to Transfer Ownership, and I/we the person(s) assuming new ownership, understand that premium payment(s) are being paid with a C-O-M Arrangement. Each of us understands that if we do not make a selection below, the C-O-M arrangement will automatically discontinue. We wish to:

- Continue the C-O-M
- Discontinue the C-O-M
- Change the C-O-M (The New Owner must complete and submit Form 8069 and attach a voided check or savings slip)

For Beneficiary(ies) Designation:

The existing Beneficiary(ies) Designation on the Company's records will continue as is unless a new Beneficiary(ies) Designation is submitted by the New Owner (Form 21131 must be attached if changing beneficiary(ies)).

For Scheduled Option(s):

I/We, the Person(s) With Right to Transfer Ownership, and I/we the person(s) assuming new ownership, have checked below the following scheduled option(s) on the policy(ies) that we wish to have continued. Each of us understands that if we have an existing scheduled option(s) and it is not checked below, it will automatically be discontinued. See page 7 for further information on requests to change scheduled options.

- Automatic Asset Reallocation
- Dollar Cost Averaging
- Interest Sweep
- Periodic Partial Withdrawal Arrangement
- Dollar Cost Averaging Advantage

I, the Person(s) With Right to Transfer Ownership, understand and agree that:

1. All rights of ownership in the above numbered contract(s) are to be transferred to the New Owner(s) indicated above.
2. When acknowledgement is sent by New York Life (NYL), this Transfer of Ownership will take effect as of the date stated in the policy being transferred, subject to any payment made or other action taken by NYL before recording the change or, if endorsement of a contract is required by NYL, before that endorsement has been made by NYL.
3. This Transfer of Ownership does not change the Beneficiary nor is this Transfer of Ownership an assignment of the contract.
4. The Contract(s) will be held as separate property by the New Owner(s).

Print Name of Person With Right to Transfer Ownership

Print Name of Additional Signer, if required

X _____
Signature(s) of Person With Right to Transfer Ownership

Date

X _____
Additional Signature, if required

Date

() _____
Telephone Number of Person With Right to Transfer Ownership

() _____
Telephone Number of Additional Signer

If the indicated policy is corporate-owned, provide signatures and titles of two corporate officers.

Print Name of Officer

Officer's Title

Print Name of Officer

Officer's Title

X _____
Signature of Officer

X _____
Signature of Officer



Provisions Relating to Successor Owner (Owner's Designee)—Life Insurance Only

Even if the policy(ies) states otherwise, the New Owner can designate a Successor Owner by using this signed notice furnishing the necessary information to the Company, without submitting the policy to the Company for endorsement. A Successor Owner becomes the Owner when the New Owner dies. This designation of a Successor Owner terminates automatically if ownership is transferred, if a new Successor Owner is designated, or if the Successor Owner dies before the New Owner. The New Owner's estate will become the Owner if no Successor Owner survives the New Owner. When the Company records a designation of Successor Owner, it will take effect as of the date this notice was signed, subject to any payment made or other action taken by the Company before recording. The policy should not be sent to the Company for endorsement unless the Company requests it. Instead an endorsement will be returned to the New Owner to be kept with the policy after the designation has been recorded.

Provisions Relating to Transfer of Ownership

The Policyowner(s) With Right to Transfer Ownership of the policy can do so by using this signed notice furnishing the necessary information to the Company. When the Company records the change, it will take effect either as of the date this notice is signed, or the date it is received, as outlined in the policy contract. The policy should not be sent to the Company for endorsement unless the Company requests it. Instead, an endorsement will be returned to the new Owner to be kept with the policy after the change has been recorded. In addition, New York Life (NYL) will send the Policyowner(s) With Right to Transfer Ownership and the New Owner(s) a letter containing information regarding the new ownership change and/or information about the policy(ies) once the Transfer of Ownership is complete.

Provisions Relating to Ownership (Policies dated prior to 1954 only)

If the Policy Date is prior to January 12, 1954, the following provisions will apply even if there is anything in the policy(ies) state(s) otherwise.

1. While the Insured is living, the Owner designated in this form has all rights and privileges in the policy that would have been available to the Insured in the absence of this provision. The designation of Owner by the Insured on this form is not an assignment of the policy(ies).
2. While the Insured is living, the Owner can change the beneficiary by written notice in form satisfactory to the Company.
3. While Insured is living, the Owner can elect or change an optional method of payment or settlement and designate or change one or more beneficiaries who will be the payee or payees under that option. After the death of the Insured, any beneficiary entitled to receive a payment in a single sum can elect an option and designate the payee or payees.

The person who elects an optional method of payment or settlement can designate, at the time of the election, one or more successor payees to receive any unpaid amount remaining with the Company at the death of a payee. This designation will automatically terminate any previous designation of a successor payee. When an optional method of payment or settlement is elected by a person other than a payee, the payee may not advance or assign payments, receive payment in a single sum, or make any other change, unless the person making the election has so directed in writing.

Only individuals who are to receive payments in their own behalf may be designated as payees or successor payees under an optional method of payment or settlement unless the Company agrees otherwise. The Company may require satisfactory proof of the age or continuing survival of any payee.

4. While the Insured is living, the Owner can designate a Successor Owner (Owner's Designee) by written notice in form satisfactory to the Company.
5. While the Insured is living, the Owner can assign this policy or any interest in it. The interest of the Owner, Beneficiary, or Successor Owner is subject to the interest of the assignee. An assignment is not a change of ownership, and an assignee cannot change the ownership or beneficiary, or elect or change an optional method of payment. Any policy proceeds payable to the assignee will be paid in a single sum. A copy of any assignment must be submitted to the Company. Any assignment is subject to any payment made or other action taken by the Company before recording the assignment. The Company is not responsible for the validity of any assignment.



This section to be completed by the New Owner – For Variable Products only:

Please Note: If more than one policy is transferring to you, as indicated on Page 3 of this Transfer of Ownership Request, please complete separate Investor Profile information for each policy number. Otherwise, the Investor Profile information below will be applicable to all policies referenced on page 3 for this Transfer of Ownership.

INVESTMENT PROFILE INFORMATION:

Policy Number _____

Occupation _____ Associated with FINRA Member Firm Yes No

Name of Firm if associated: _____

Address of firm if associated: _____

Marital Status: _____ Number of Dependents: _____

Annual Income from all sources including Spousal/Domestic Partner Income if applicable: _____

Liquid Net Worth (exclusive of residence/real estate). Include Net Worth of spouse/domestic partner, if applicable: _____

Current Tax Bracket: 0 – 10 % 16 – 28 % Over 28 %.

Risk Tolerance: Conservative Moderately Conservative Moderate Moderately Aggressive Aggressive

Investment Objective: A. Income with Capital Preservation D. Growth
 B. Income with Moderate Growth E. Aggressive Growth
 C. Growth with Income

Risk Tolerance: This represents how willing you are to risk a potential decline in value for the potential of a higher return. These are Conservative, Moderately Conservative, Moderate, Moderately Aggressive and Aggressive and are shown below. Please see the Investment Objectives Description for further clarification.

- Conservative:** Associated with Investment Objective A *only*.
- Moderately Conservative:** Associated with Investment Objective A or B *only*.
- Moderate:** Associated with Investment Objective A, or B or C *only*.
- Moderately Aggressive:** Associated with Investment Objective A or B or C or D *only*.
- Aggressive:** Associated with Investment Objective A or B or C or D or E.

Plan Type: Type of policy or account you have with one of the New York Life Companies.

Policy / Account Number: The policy or account number associated with the plan.

Investment Objective: See page 7 for Investment Objective Descriptions.



Investment Objectives Descriptions

A. Income with Capital Preservation: For the investor who seeks investment stability and liquidity with a primary portfolio objective to preserve capital while providing income. Fluctuations in the values of portfolios of this type are usually minimal. This investment may represent any Risk Tolerance. No portion of the investment may be allocated to funds or investment divisions classified as high and/or highest risk if the investor has a Conservative Risk Tolerance. No more than 20% of the investment may be allocated to funds or investment divisions classified as high and/or highest risk for all other investors.

B. Income with Moderate Growth: For the investor who seeks current income and modest long-term growth, with a slightly higher risk tolerance than the investor in the capital preservation category. Primary portfolio objective is current income. Fluctuations in the values of portfolios of this type may occur from year to year. This investment may represent any Risk Tolerance, other than Conservative. No more than 30% of the investment may be allocated to funds or investment divisions classified as high and/or highest risk if the investor has a Moderately Conservative Risk Tolerance. No more than 40% of the investment may be allotted to funds or investment divisions classified as high and/or highest risk for all other investors.

C. Growth with Income: For the investor who seeks relatively stable long-term growth with a low level of income and has a moderate risk tolerance. Primary portfolio objective is to achieve steady long-term growth. Fluctuations in the values of portfolios of this type are usually less than those of the overall stock markets. This investment may represent a Moderate, Moderately Aggressive, or Aggressive Risk Tolerance. No more than 50% of the investment may be allocated to funds or investment divisions classified as high and/or highest risk if the investor has a Moderate Risk Tolerance. No more than 60% of the investment may be allocated to funds or investment divisions classified as high and/or highest risk for all other investors.

D. Growth: For the investor who seeks capital appreciation. Primary portfolio objective is above-average capital appreciation. Fluctuations in the values of portfolios of this type are usually the same as those of the overall stock markets. This investment may represent a Moderately Aggressive or Aggressive Risk tolerance. No more than 80% of the investment may be allocated to funds or investment divisions classified as high and/or highest risk.

E. Aggressive Growth: For the investor who seeks maximum capital appreciation. Primary portfolio objective is aggressive capital appreciation. Fluctuations in the values of portfolios of this type are substantial from year to year and are more than in the overall stock markets. This investment may represent an Aggressive Risk Tolerance only. Up to 100% of the investment can be allocated to funds or investment divisions classified as high and/or highest risk.

Change Requests for Scheduled Option(s) if the New Owner(s) Wishes to Make a Change:

You can obtain any of these forms through our Virtual Service Center at www.newyorklife.com/vsc or you may also contact your registered representative.

- For Automatic Asset Reallocation changes, please complete the Automatic Asset Reallocation Form 21412.
- For Dollar Cost Averaging changes, please complete the Dollar Cost Averaging Form 21576.
- For Dollar Cost Averaging Plus changes, please complete the Dollar Cost Averaging Plus Change Request Form 22592.
- For Interest Sweep changes, please complete the Interest Sweep Form 18487vul.
- For Periodic Partial Withdrawal changes, please complete the Periodic Partial Withdrawal/Partial Withdrawal Request Form 21575.
- For Expense Charge Allocation changes, please complete the Change of Premium/Expense Allocation and Funds Transfer Form 21130.



This section to be completed by the New Owner: - Certification and Signatures

FOR THE ASSET ALLOCATION WHOLE LIFE PRODUCT THE WORD "POLICY(IES)" REFERS TO "CERTIFICATE(S)".

I/We, the New Owner(s)(if a natural person), certify, understand and agree:

1. The provisions relating to Ownership and Transfer of Ownership on pages 1 through 8 of this form are made a part of the ownership designation and a part of the above numbered policy(ies).
2. All policy terms and conditions apply to the New Owner(s).
3. I/We acknowledge receiving a copy of all agreements related to the variable policy/life insurance.
4. I/We received a copy of NYL's privacy policy.
5. I/We also understand and agree with the selections made to continue or discontinue the Check-O-Matic, Beneficiary(ies) Designation, and Scheduled Option(s) as indicated on page 4.
 - The Beneficiary(ies) Designation will continue as is on all policies transferred and referenced on page 3 unless the Change of Beneficiary (21131), is submitted with this Transfer Of Ownership.
 - The Scheduled Option(s) that are checked on page 4 will be effective on all policies transferred and referenced. If an existing option is not checked, it will be discontinued. If I wish to change an option, the change request form(s), as detailed on page 7, is submitted with this Transfer Of Ownership/Designation of Successor Owner Request Form.

The Internal Revenue Service does not require your consent to any provision of this document other than the tax certifications made under penalties of perjury set forth on page 3 under "Taxpayer Identification Number and Backup Withholding Certifications."

Print Name of New Owner

Print Name of Additional New Owner, if required

X _____ / /
Signature(s) of New Owner Date

X _____ / /
Additional Signature, if required Date

Relationship to Insured

Relationship to Insured

(_____) _____
Telephone Number of New Policyowner

(_____) _____
Telephone Number of Additional Signer

If the indicated policy is corporate-owned, provide signatures and titles of two corporate officers.

Print Name of Officer

Officer's Title

Print Name of Officer

Officer's Title

X _____ / /
Signature of Officer Date

X _____ / /
Signature of Officer Date



Part II. Request to Name Successor Owner

This section to be completed by the New Owner

FOR THE ASSET ALLOCATION WHOLE LIFE PRODUCT THE WORD "POLICY(IES)" REFERS TO CERTIFICATE(S)".

Note:

The New Owner should consider the desirability of naming a Successor Owner (Owner's Designee). A Successor Owner will become the Owner of the policy if the New Owner dies before the Insured. If no Successor Owner is named or if no Successor Owner survives the New Owner, and the New Owner dies before the Insured, the New Owner's estate becomes the Owner. If the New Owner wishes to name a Successor Owner, this Part II must be completed. (Where there is no Transfer of Ownership, use Form 21132-OD to designate a Successor Owner.) When the succession occurs, we will validate all necessary information of the Successor Owner.

Indicate number of policies to be changed: _____

Policy #(s) _____ on the life of _____
_____ the Insured. _____

I designate the following as **1. Successor Owner** and if applicable, **2. Joint Successor Owner** (Full Name(s) & Relationship(s) **REQUIRED**)

Successor Owner Address (Street, City, State, and Zip Code **REQUIRED**) _____

I understand and agree that:

The Provisions relating to Designation of Successor Owner (Owner's Designee) are made a part of the Successor Owner designation and a part of the above numbered policy(ies). The Birth Date and Tax Identification Number of the indicated Successor Owner and if applicable, Joint Successor Owner are **REQUIRED** to complete your request.

Successor Owner (if other than Insured): Birth Date: ____/____/____ Tax Identification Number: _____

Joint Successor Owner (if other than Insured): Birth Date: ____/____/____ Tax Identification Number: _____

Print Name of New Owner

Print name of Additional New Owner, if required

X _____ /____/____
Signature(s) of New Owner Date

X _____ /____/____
Additional Signature, if required Date

(_____) _____
Telephone Number of New Owner

If the indicated policy is corporate-owned, provide signatures and titles of two corporate officers.

Print Name of Officer

Officer's Title

Print Name of Officer

Officer's Title

X _____ /____/____
Signature of Officer Date

X _____ /____/____
Signature of Officer Date

