



**Section 5: Ownership Change** (Applicable to Non-Qualified and Custodial IRA Accounts Only)

Check One:  Owner  Joint Owner

Name of New Owner \_\_\_\_\_ New Owner Signature \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

- If multiple owners are being requested, only one mailing address and taxpayer ID or Social Security Number can be recorded.
- The new ownership designation cancels all previous designations.
- The new address will replace the existing address on record.
- The existing owner(s) must sign in Section 8.
- If requesting ownership change to a trust include a copy of the trust document, trust name, trustee's name, trust date, tax ID and trustee's signature.
- A change of owner may have tax consequences. The Company strongly suggests you consult your attorney, accountant, and tax advisor for more information.

**Section 6: Annuitant Change** (Applicable to Non-Qualified Accounts Only)

Check One:  Annuitant  Joint Annuitant

Name of New Annuitant \_\_\_\_\_ New Annuitant Signature \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Only available on certain products. Please check contract provisions.
- Annuitant changes can be made at any time prior to the annuity date.
- The annuitant may not be changed if the contract owner is a non-natural person.
- Joint Annuitant changes can be made at the owner's discretion, but not if the owner is a non-natural person.

**Section 7: Special Instructions**

\_\_\_\_\_  
\_\_\_\_\_

**Section 8: Signatures**

By signing below, the Owner(s), Participant and Plan Administrator hereby certify that the information provided in this request is complete and accurate, and understand that this request will be processed according to the information provided.

If there is any inconsistency between the language in this form and the language in the contract, the language in the contract will take precedence.

Name of Owner \_\_\_\_\_ Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Joint Owner (if any) \_\_\_\_\_ Joint Owner's Signature (if any) \_\_\_\_\_ Date \_\_\_\_\_

Name of Participant (if other than owner) \_\_\_\_\_ Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Plan Administrator \_\_\_\_\_ Plan Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

If the Owner or Participant (if other than Owner) resides in a Community Property State, we recommend that the spouse of the Owner or Participant (as applicable) join in signing this form. This is for the protection of both parties. Please sign as spouse and date below.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**Spousal Consent for ERISA Plans:** I hereby consent to the request as stated above. I understand that a spouse is guaranteed certain rights to assets in this retirement account by federal law and that these include the right to a pre-retirement survivor's annuity and a joint and survivor annuity and that these rights could be diminished by change to the contract.

Participant has no legal spouse.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by: (Plan Administrator or Notary Public Signature) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_