

USPS First Class Mail Address:
P.O. Box 1854
Birmingham, AL 35201-1854

**Protective Life & Annuity Insurance Company As Administrator
for Empower Life & Annuity Insurance Company of New York**

Overnight Address:
2801 Hwy. 280 South
Birmingham, AL 35223

Phone: (800) 838-0650 (#2)
Fax Number: (866) 442-3887

CHANGE OF OWNERSHIP FORM

SECTION 1: CURRENT OWNER(S) INFORMATION

Owner First Name	Last Name	Group
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Ext	Policy
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2: NEW OWNER NAME AND INFORMATION

Please complete all sections:

Subject to the terms of the policy, the Owner hereby transfers absolutely all incidents of ownership to:

☐ Add Joint Owner ☐ Remove Joint Owner ☐ Change of Ownership

Owner First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	
<input type="text"/>	<input type="text"/>	
Street Address	City	State Zip Code
<input type="text"/>		
Daytime Phone	Evening Phone	Relationship to Current Owner
<input type="text"/>	<input type="text"/>	<input type="text"/>

Did an unrelated third party provide you with funds for this annuity? ☐ YES ☐ NO

SUPPORTING DOCUMENTATION

- ☐ Where ownership is changing to a trust, a notarized copy of either the Trust or an Affidavit of Trust is attached. Also, for each trustee, attached is a legible notarized copy of Government issued photo id including a current dated signature.
- ☐ Where ownership is changing to an individual, a legible notarized copy of Government issued photo id including a current dated signature is attached.

NOTES:

- If you transfer ownership of this policy to a minor, you should be aware that no changes can be made to the policy until the minor attains the age at which he or she acquires the capacity to contract for such annuity.
- This change of ownership is not a change of beneficiary or annuitant. The present designation of beneficiary, annuitant and method of payment will remain in effect unless changed by the new owner during the lifetime of the annuitant.
- This transfer of ownership shall take effect immediately and shall automatically revoke any previous designation.

SECTION 3: SIGNATURES

If the undersigned is signing in representative capacity, the undersigned warrants that he or she has the authority to bind the entity on whose behalf this document is being executed. The name of the entity must also appear above the signature.

Current Policy Owner Signature (Trustee/Custodian, if applicable)

New Policy Owner Signature (Trustee/Custodian, if applicable)

Current Joint Policy Owner Signature (Trustee/Custodian, if applicable)

New Joint Policy Owner Signature (Trustee/Custodian, if applicable)

Irrevocable Beneficiary (if applicable)

Witness

Dated at this day of ,
(City, State) (Day) (Month) (Year)

FOR HOME OFFICE USE ONLY

Recorded in the book of the company this day of ,
(Day) (Month) (Year)

For the Company

Principal Approval

Date

EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

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