

# Ownership change request



P.O. Box 10385, Des Moines, IA 50306-0385

## 1. Current Owner information

Annuity Policy/Contract number

Owner's name (first, middle initial, last)

Social Security number

Phone number

Mailing address

City, State, ZIP

Joint Owner's name (first, middle initial, last)

Social Security number

Phone number

*If current Owner is a Trust or a Corporation*

Trust or Corporation name

Tax Identification number

Phone number

## 2. Important information consider

- This Ownership change request form meets the written notice requirements defined in the Policy.
- Any ownership change is subject to the Company's underwriting rules in force at the time of the change.
- Ownership restrictions apply to qualified plans such as IRAs, Roth IRAs and TSAs.
- An ownership change may have tax consequences unless the change is to the spouse of the current Owner, or to/from a Trust where the Grantor of the Trust is also the current/new Owner of the annuity Contract. Tax reporting will occur for the tax year in which the ownership change was completed. As a result, the Owner(s) listed in section 1 will receive IRS form 1099-R for any taxable portion of the annuity Contract as of the effective date of the change. Tax advice should be obtained prior to making this change.
- This Ownership change request form will have no effect on any previous Beneficiary designation. We strongly recommend that you also complete a Beneficiary change request form (8849Y).
- The Charitable certification of Trust form (26742Y) is required if the new Owner designation is a charitable Trust.
- The Certification of Trust form (19306Y) must be completed if the new Owner designation is a trust.
- A copy of the Corporate Resolution, naming persons authorized and empowered to sign, must be submitted if the new Owner designation is a Company or Corporation.
- If you want to designate more than two new Owners, fill out the required information on a separate sheet of paper that is signed and dated according to **Section 5**.
- If the name of the Owner has changed, complete the Name and address change form (26119Y) and any required supporting documentation.
- **Effect of Ownership change on guaranteed minimum death benefit (GMDB) feature:** For purposes of the GMDB benefit, if the Owner is changed to a natural person who is someone other than an originally named Owner or Annuitant, the GMDB amount will be set to zero and the GMDB benefit will terminate. As a result, you agree to indemnify and hold the Company harmless for any consequences relating to a change in ownership.

**3. Change requested (must be completed)**

- Adding Joint Owner - proceed to new Owner information section 5
- Removing Joint Owner - name of Owner being removed \_\_\_\_\_
- Change to new Owner - proceed to new Owner information section 5
- Other \_\_\_\_\_

**4. Relationship code information:**

Use the codes below to fill out the relationship code information in sections 5.

01-Spouse	05-Son	08-Sister	19-Grandson	33-Niece
03-Father	06-Daughter	13-Stepson	20-Granddaughter	55-Other
04-Mother	07-Brother	14-Stepdaughter	32-Nephew	

**5. New Owner information**

To help fight the funding of terrorism and money-laundering activities, the U.S. government passed the USA Patriot Act, requiring financial institutions, including insurance companies, to obtain, verify and record information that identifies persons who engage in certain transactions with or through our Company. This means that we will verify the name, address, date of birth, and social security number or other tax identification number on the proposed Owner of all insurance applications. We may request a legible copy of a driver's license, passport or other identifying documents from you. (Reference **section 4** to indicate relationship to **current Owner** in relationship code fields.)

New Owner's name (first, middle initial, last)

Owner's Social Security number	Date of birth	Relationship code
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Mailing address

City, State, ZIP

Joint Owner name (first, middle initial, last)	Phone number
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**Sections A and B must be completed**

A.  Driver's license  State-issued ID  Military ID  Passport

State/Country	Identification number	Expiration date
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B.  US citizen  Resident alien - country \_\_\_\_\_

New Joint Owner name (first, middle initial, last)

Social Security number	Date of birth	Relationship code
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Mailing address

City, State, ZIP

**Sections A and B must be completed**

A.  Driver's license  State-issued ID  Military ID  Passport

State/Country	Identification number	Expiration date
---------------	-----------------------	-----------------

B.  US citizen  Resident alien- country \_\_\_\_\_

(section 5 continued on next page)

**If new Owner is a Trust, complete information below and applicable Certification of Trust form:**

Full name of Trust

Tax Identification number

Phone number

Mailing address

City, State, ZIP

**Non-Charitable Trusts: (form 19306Y Certification of Trust agreement is required)**

- |   |   |
|---|---|
| <input type="checkbox"/> Asset Protection Trust       | <input type="checkbox"/> Educational Trust                            |
| <input type="checkbox"/> Bypass/Credit Shelter Trusts | <input type="checkbox"/> InterVivos Trust                             |
| <input type="checkbox"/> Discretionary Trust          | <input type="checkbox"/> Living Trust                                 |
| <input type="checkbox"/> Family Trust                 | <input type="checkbox"/> Irrevocable Life Insurance Trust             |
| <input type="checkbox"/> Savings Trust                | <input type="checkbox"/> Qualified Terminable Interest Property Trust |
| <input type="checkbox"/> A/B Trust                    | <input type="checkbox"/> Residuary Trust                              |
| <input type="checkbox"/> Veterans Eligibility Trust   |   |

**Charitable Trusts: (form 26742Y Certification of Tax exempt organization is required)**

- Charitable Remainder Trust (CRAT)
- Charitable Unitrust (CRUT)
- Charitable Trust-IRC 4947 (a Charitable Organization- IRC 501(c)(3))
- Charitable Lead Trust

Is this Trust a Grantor Trust?  Yes  No

Is the Grantor(s) of this Trust also the Annuitant(s) on the annuity Contract?  Yes  No

**If new Owner is a Corporation Owner or tax exempt organization, complete information below:**

Legal name of Organization

EIN

Phone number

Mailing address

City, State, ZIP

**Tax exempt organizations: (form 26740Y Certification of Tax exempt organization is required)**

- |  |   |
|--|---|
| <input type="checkbox"/> Charitable organization- IRC 501(c)(3)          | <input type="checkbox"/> Non-Profit Club- IRC 501(c)(7)   |
| <input type="checkbox"/> Church/Religious Organization- IRC 501(c)(3)    | <input type="checkbox"/> Civic and Business Leagues- IRC 501(c)(4) and (6)                                    |
| <input type="checkbox"/> Cemetery Association - IRC 501(c)(13)           | <input type="checkbox"/> Brotherhood / Fraternal Org (providing charitable or community services - IRC 501(c) |
| <input type="checkbox"/> Homeowners Association- IRC 501(c)(4)           | <input type="checkbox"/> Labor Union  |
| <input type="checkbox"/> SERP (non-qualified deferred compensation plan) |   |

**Corporate Owner: (form 26741Y Certification of Corporate Owner is required)**

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> C Corp | <input type="checkbox"/> Credit Union             |
| <input type="checkbox"/> S Corp | <input type="checkbox"/> Financial Institution    |
| <input type="checkbox"/> Bank   | <input type="checkbox"/> Securities Broker-Dealer |

## 6. Acknowledgment

I/We hereby acknowledge that the information provided herein is to the best of my/our knowledge true and accurate. I/We also acknowledge that this form must be fully completed, and failure to complete any portion of this form may delay the processing of the request. The completion of this form is necessary to satisfy the written notice requirement as defined in Section 1 of your Contract.

### IMPORTANT NOTICES REGARDING SIGNATURE REQUIREMENTS

<sup>1</sup>If this transaction is subject to a community property interest, we strongly recommend that you obtain your spouse's signature on the line below to document his/her consent to this transaction. States that recognize community property interests in property held by married persons include Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

You understand and agree that the Company may presume that no community property interest exists if you have not obtained your spouse's signature below. Further, you understand and agree that the Company has no duty to inquire further about any such community property interest. As a result, you agree to indemnify and hold the Company harmless from any consequences relating to community property interests and this transaction.

**Note:** The term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law.

<sup>2</sup>If the current Owner or new Owner resides in the state of MA, the signature of a disinterested witness is required. A disinterested person is described as anyone other than a designated Beneficiary.

If the current Owner or new Owner is a Trust, the Trustee must sign on behalf of the Trust. If the current Owner or new Owner is a corporation, an authorized officer of the corporation must sign on behalf of the corporation. The corporate officer should include his/her title. We reserve the right to ask for proof of such authorization.

Current Owner signature/titles	Date (mm/dd/yyyy)
Current Joint Owner signature/titles	Date (mm/dd/yyyy)
<sup>1</sup> Current Owner spousal signature	Date (mm/dd/yyyy)

**New Owner signature – All new Owners are required to sign even if new Owner is also a current Owner.**

New Owner signature/titles	Date (mm/dd/yyyy)
New Joint Owner signature/titles	Date (mm/dd/yyyy)
<sup>1</sup> New Owner spousal signature	Date (mm/dd/yyyy)
<sup>2</sup> Disinterested witness signature	Date (mm/dd/yyyy)
Agent signature	Date (mm/dd/yyyy)

Agent was present and verified information

Agent was not present

If your request is not in good order, how would you like us to notify you?

Call me at: \_\_\_\_\_

Contact my Registered Representative

Mail a letter to my address of record



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