

INSURED/ANNUITANT: _____ POLICY NO: _____

When changing ownership, please consult your tax advisor for possible adverse consequences. An ownership change may also have other legal consequences as well as impact eligibility for certain government aid programs. Again, a legal or tax advisor should be consulted.

NOTE: New Owner(s) must provide Social Security Number or Tax ID Number

I wish to change the Owner to:

New Owner(s)

Name _____

Address _____

Home Phone _____ Birthdate _____ U.S. Citizen Yes No

Relationship to previous Owner _____

Social Security Number or Tax ID Number _____

Name _____

Address _____

Home Phone _____ Birthdate _____ U.S. Citizen Yes No

Relationship to previous Owner _____

Social Security Number or Tax ID Number _____

If either owner is a Trust please submit a copy of that portion of the Trust agreement relevant to the trustee(s), any successor trustees and who can sign on its behalf. If the trust is over two (2) years old submit an Affidavit of Validity of Trustee. If a Power of Attorney is signing on behalf of either owner, please submit current POA documents. If POA documents are over two (2) years old, submit a valid of Power of Attorney.

Note: A power of attorney generally may not change the ownership of the policy to his or herself.

IF THERE ARE JOINT OWNERS, OWNERSHIP WILL BE JOINT TENANCY WITH THE RIGHT OF SURVIVORSHIP.

Single Owner (other than the Annuitant) must designate a beneficiary. Please use the Request for Change of Beneficiary form UNL-3004.

THE FOLLOWING SHOULD SIGN THIS REQUEST:

Current Owner

New Owner

All Irrevocable Beneficiaries Joint Owner

Joint Owner

Any Collateral Assignee

Date



FRAUD NOTIFICATIONS

The Fraud Warning Notification below is required if you are a resident of, or if the contract was issued in, one of the following states:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island & West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly, and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly, and with intent to defraud an insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia & Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. §638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon & Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.



Instructions for completing Request for Change of Ownership

UNL-3009

This form is used to change ownership of a policy. Please contact your tax advisor for possible adverse tax consequences. An ownership change may also have other legal consequences as well as impact eligibility for certain government aid programs. Again, a legal or tax advisor should be consulted.

Line one list insured/annuitant name and policy #.

Under New Owner(s) section list the new owner's information as requested. There is room to include 2 owners. If there will be more than two (2) owners an additional sheet can be added with the listed info for those additional owners.

NEW OWNERS MUST PROVIDE SOCIAL SECURITY NUMBER OR TAX ID NUMBER. COPIES CAN BE MADE FOR JOINT OWNERS.

If either owner is a Trust please submit a copy of that portion of the Trust agreement relevant to the trustee(s), any successor trustees and who can sign on its behalf. If the trust is over two (2) years old submit an Affidavit of Validity of Trustee. If a Power of Attorney is signing on behalf of either owner, please submit current POA documents. If POA documents are over two (2) years old, submit a valid of Power of Attorney. Note: A power of attorney generally may not change the ownership of the policy to his or herself.

Joint Tenancy with the right of survivorship indicates each owner owns a portion of the contract value and should an owner die, the surviving owner(s) automatically become the owner(s) of the entire contract.

IF NO SELECTION IS MADE OWNERSHIP WILL JOINT TENANCY WITH THE RIGHT OF SURVIVORSHIP

NOTE: If you are changing ownership on an annuity:

If the new owner is an individual, the new owner will need to complete a beneficiary change form and indicate a new owner's beneficiary. Joint owners as joint tenants should not designate a beneficiary, as each will succeed the other as owner of the policy. Generally, there would be no death benefit paid should one of the joint tenant owners die unless said joint tenant owner was also a sole annuitant. If the new owner is a trust or otherwise non-natural entity, you do not need to designate an owner's beneficiary.

The following should sign this request:

The current owner followed by the new owner on the first line, all irrevocable beneficiaries and joint owners on the second line and any collateral assignee and the date on the third line.

