

Ownership Change Request for Annuity Contracts (Absolute Assignment)

Owner/Annuitant Information

Owner's Name _____

Joint Owner's Name (If applicable) _____

Contract Number _____ Phone Number (____) _____

Fax Number (____) _____ Email Address _____

Annuitant's Name (If different from Owner) _____

Joint Annuitant's Name (If applicable) _____

Ownership Change

Note: In accordance with Internal Revenue Service (IRS) regulations, a change of Owner on an annuity qualified as an IRA, TSA, or SEP cannot be accepted. Additionally, change of Owner on other qualified annuity plans (i.e., 401(k), profit sharing plans, pension plans, etc.) may not be available.

Is the new Owner the spouse of the previous Owner? Yes No

Is the new Owner or previous Owner a grantor Trust? Yes No

If "Yes," is the new Owner or previous Owner the Grantor of the Trust? Yes No

There may be tax consequences associated with changing the Owner on your annuity contract. We recommend you consult with your tax advisor prior to your request. Physicians Life Insurance Company is not responsible for any tax or legal advice pertaining to your request or tax implications therein.

If ownership is changing to a non-living entity, please submit appropriate authentication documents (i.e., Trust, Corporate Resolution, etc.).

I (We) hereby request and authorize a change of ownership on the above-referenced contract to:

New Owner's Name _____
Last First MI

Address _____
Street

_____ City State ZIP

Phone Number (____) _____

Male Female Date of Birth _____ / _____ / _____
Month Day Year

Social Security Number _____ — — or Tax Identification Number _____ — —

Email Address _____

Relationship of new Owner to original Owner _____

Individual: Are you a U.S. Citizen? Yes No

New Joint Owner's Name _____
Last First MI

Address _____
Street

City State ZIP

Phone Number () _____

Male Female Date of Birth / /
Month Day Year

Social Security Number — — or Tax Identification Number —

Email Address _____

The change of ownership does not affect or change the beneficiary designation on file with the company. Proceeds payable at death will be paid in accordance with such designation unless changed by the new Owner. Beneficiary changes must be requested by the new Owner on the Change of Beneficiary Designation for Annuity Contracts form.

The signature of the original Owner's spouse is required if the contract was issued in a community property state.

Signatures and Acknowledgment

To the best of my knowledge and belief, the statements and answers contained in this request are true and complete. The undersigned are in agreement with the request being made to change Ownership of the listed contract. I (We) understand the request will not become effective until approved by the Company in accordance with the terms of the contract. I (We) understand the completion of this request may be a taxable event.

X _____ Date _____
Original Owner's Signature

X _____ Date _____
Original Joint Owner's Signature (If applicable)

X _____ Date _____
Original Owner's Spouse's Signature (If community property state)

X _____ Date _____
*Beneficiary's Signature

X _____ Date _____
New Owner's Signature

X _____ Date _____
New Joint Owner's Signature (If applicable)

X _____ Date _____
Assignee's Signature (If applicable)

*Required for Irrevocable Beneficiary

X _____ Date _____
Notary's Signature

Place Notary's Seal here → 