

# OWNERSHIP TRANSFER INSTRUCTIONS AND GUIDELINES

Please follow these instructions carefully when submitting this form to prevent any delays caused by unclear or omitted information. Be sure to read and fill out the form completely and return all pages. This instruction page does not need to be returned to us.

## INSTRUCTIONS AND GUIDELINES

1. Print clearly! Cross-through and initial any corrections or changes. Do not use correction fluid.
2. If you are adding additional Primary or Contingent Owners, you must restate all existing Primary and Contingent Owners.
3. Please complete the first page of this form naming the New Primary Owner(s) and Contingent Owner(s).
4. If the new owner is someone other than the insured, we suggest also naming a contingent owner.
5. The current owner(s) must date and sign the 'YOUR CONFIRMATION' section of this form. Policies jointly owned require the signatures of all owners to transfer ownership.
6. If there is an irrevocable beneficiary on the policy, that beneficiary must also sign the 'YOUR CONFIRMATION' section of this form.
7. Signatures of the new Primary Owner(s) must be included in the 'NEW PRIMARY OWNER(S)' section of this form.
8. If the current owner or New Primary Owner is a business, provide a corporate resolution or similar document that lists all of the officers and/or individuals authorized to sign on behalf of the company.
9. If the new Primary Owner is a Trust, a full copy of the Trust must be provided.
10. If the policy is collaterally assigned, the assignment must be released before ownership can be transferred.
11. If this form is signed by a power of attorney, guardian or conservator, a copy of the appropriate documentation is required.

## OWNERSHIP CLASS DEFINITION

**PRIMARY OWNER** is the person or business that owns and exercises all rights of the policy.

**CONTINGENT OWNER** is the person (if living) or business that becomes the owner when all primary owners have died.



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: Assurity is a marketing name for the mutual holding company, Assurity Group, Inc. and its subsidiaries.  
: Those subsidiaries include, but are not limited to, Assurity Life Insurance Company and Assurity Life  
: Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance  
: Company in all states except New York. In New York, insurance products and services are offered by  
: Assurity Life Insurance Company of New York, Albany, NY. Product availability, features and rates may vary  
: by state.  
:



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 402-476-6500 | 800-869-0355 | FAX 888-255-2060  
 : **Assurity® Life Insurance Company of New York**  
 844-401-7585 | FAX 888-255-2060  
 : Admin: Office: P.O. Box 82533, Lincoln, NE 68501-2533

## Ownership Transfer

*First, Middle, Last*

Insured's Name \_\_\_\_\_ Policy/Certificate Number \_\_\_\_\_

**TRANSFER FOR VALUE:** A transfer for value (for example, money or other value was given in exchange for owning the policy) may have income tax implications. Please contact your tax advisor.

**Only check this box if this ownership change is intended to be treated as a transfer for value in accordance with applicable Internal Revenue Service (IRS) guidance. If this was not intended to be a transfer for value, you should not check the box.**

**NEW OWNER DESIGNATION** – New Owner is to become Payor:  Yes  No  Not Applicable  
 If no option is selected, new Owner will become Payor.

### 1. New Primary Owner(s) Individual(s)

Full Name	Full Mailing Address	Phone Number	Date of Birth	SSN/TIN	Relationship to Insured

Living Trust -- **NOTE: If naming a living trust as the new primary owner, do not include any other primary owners.**

Full Name of Trust (Full copy of Trust required)	Date of Trust	Name of Trustee(s)	Tax ID	Full Address of Trustee(s)

### 2. New Contingent Owner(s) Individual(s)

Full Name	Full Mailing Address	Phone Number	Date of Birth	SSN/TIN	Relationship to Insured

Living Trust -- **NOTE: If naming a living trust as the new primary owner, do not include any other primary owners.**

Full Name of Trust (Full copy of Trust required)	Date of Trust	Name of Trustee(s)	Tax ID	Full Address of Trustee(s)

Insured's Name \_\_\_\_\_ Policy/Certificate Number \_\_\_\_\_

**YOUR CONFIRMATION-**

This transfer is subject to acknowledgement by Assurity; any indebtedness that Assurity may hold against the policy; any assignments previously acknowledged by Assurity; any irrevocable beneficiary arrangements recorded with Assurity. All options, benefits and beneficiary arrangements shall remain as they are until changed by the New Owner(s) and acknowledged by Assurity subsequent to this transfer. This Ownership Transfer voids all earlier primary or contingent designations.

By signing below:

- I/We understand and agree that all rights of ownership in the above numbered policy/certificate(s) are to be transferred to the New Owner(s) indicated above.
- I/We certify that no proceedings of insolvency or bankruptcy have been instituted by or against the undersigned.
- I/We acknowledge that this transfer of ownership does not change the Beneficiary nor is this transfer of ownership an assignment of the policy/certificate.
- I/We acknowledge this request is subject to the provisions and conditions of my policy/certificate(s) and Assurity may request additional information in order for my request to be processed.

/ / Signed Date (MM/DD/YYYY)	Signature of Current Owner	Signature of Current Joint Owner or Irrevocable Beneficiary (if applicable)
	Owner Title (if applicable) (Trustee, Power of Attorney, Guardian, Conservator or Company Officer)	Signature of Witness (Required in MA only) (A non-related person with no financial interest in the policy)

**SPOUSAL CONSENT-**

If you live in a community property state (residents of AZ, CA, ID, LA, NM, NV, TX, WA or WI) and your spouse is NOT listed as the sole New Primary Owner, spousal consent is required to make an ownership change.

No current spouse (Check this box if you do not have a spouse or if your spouse is deceased.)

I have read the information above and have seen the ownership transfer request made by my spouse. I understand that I have not been named as the sole primary owner of my spouse's policy/certificate and have waived my right to the ownership of this policy/certificate. I acknowledge that I have been advised to consult a tax advisor prior to signing this agreement.

/ / Signed Date (MM/DD/YYYY)	Signature of Spouse	Signature of Witness (A non-related person with no financial interest in the policy)
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**NEW PRIMARY OWNER(S) – WE REQUEST SIGNATURE(S) OF NEW PRIMARY OWNER(S) FOR FUTURE VERIFICATION PURPOSES.**

**Substitute Form W-9 information (Request for Taxpayer Identification Number and Certification): I, the Owner (or each Joint Owner), certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.**

/ / Date (MM/DD/YYYY)	Signature of New Primary Owner/Trustee	/ / Date (MM/DD/YYYY)	Signature of New Primary Owner/Trustee
/ / Date (MM/DD/YYYY)	Signature of New Primary Owner/Trustee	/ / Date (MM/DD/YYYY)	Signature of New Primary Owner/Trustee

**FOR HOME OFFICE USE ONLY—The insurer has acknowledged and recorded the above Ownership Transfer**

Date (MM/DD/YYYY)	Authorized Signature	Title
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