

THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY
 WESTERN-SOUTHERN LIFE ASSURANCE COMPANY
 CINCINNATI, OHIO 45202

NAME SUCCESSOR OWNER
 ORDINARY ONLY

DISTRICT: _____ ACCOUNT: _____ **1600**

CO. CODE	CONTRACT NUMBER	SEC COX	NAME OF INSURED/ANNUITANT	TELEPHONE NO. OF SUCCESSOR OWNER
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ADDRESS OF SUCCESSOR OWNER

The undersigned hereby names a Successor Owner for the above numbered contract and requests The Western and Southern Life Insurance Company or Western-Southern Life Assurance Company to change its records in the manner shown in A or B below. Any prior designations of a Successor Owner are hereby revoked.

PLACE TRACKING LABEL HERE
 ONLY IF NOT SUBMITTED
 WITH A DO-598 OR DO-835

A FOR JUVENILE LIFE INSURANCE CONTRACTS (ISSUE AGE 14 or UNDER AND INSURED CURRENTLY UNDER AGE 21):

"It is understood and agreed that if **the Current Owner**, _____, SS No. or Tax ID, _____ should die, disappear or be adjudged incompetent before the Insured reaches age 21, **the Successor Owner shall be** _____, **whose relationship to the insured is** _____, SS No. or Tax ID, _____. The Successor Owner shall be entitled to exercise all rights, privileges, powers and options under this contract; provided, however, that all interest of the Successor Owner shall terminate automatically upon the happening of any of the following events, to wit, (1) upon the insured attaining the age of 21 years, after which date the rights, privileges, powers and options aforesaid shall be exercised by the insured as provided in the contract, or (2) if the Successor Owner should die, disappear or be adjudged incompetent while the insured is still under 21 years old, in any of which events all the rights, privileges, powers and options above referred to shall be exercised, in accordance with and subject to the terms and conditions of the contract, by any person appearing to the Company to be equitably entitled to do so. It is understood and agreed that all decisions upon questions of fact arising hereunder at any time, made by the Company in good faith upon evidence satisfactory to it, shall be conclusive and binding upon all parties, and that the Company shall incur no liability for action in reliance thereon."

B. FOR ADULT LIFE INSURANCE (ISSUE AGE 15 OR OLDER) AND ALL NONQUALIFIED ANNUITY CONTRACTS:

"It is understood and agreed that if **the Current Owner**, _____, SS No. or Tax ID, _____ should die during the lifetime of the insured/annuitant, **the Successor Owner shall be** _____, **whose relationship to the insured/annuitant is** _____, SS No. or Tax ID, _____. The Successor Owner shall be entitled to exercise all rights, privileges, powers, and options under this contract. (These rights as they apply to annuity contracts are limited by the Internal Revenue Code and the regulations thereunder.)"

It is hereby requested that any provision contained in the above numbered contract shall, to the extent that it requires this naming of a Successor Owner to be endorsed upon the contract by the Company at its Home Office by waived. The undersigned further represents that the contract is not in the possession of another person and that there is no claim against it.

SIGNED AT (CITY AND STATE)	DATE	WITNESS
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SIGNATURE OF OWNER

A designation of Successor Owner is not effective unless recorded by the Company at its Home Office. A confirmation will be provided for the owner's records.

FOR HOME OFFICE USE ONLY
 Receipt of this request has been recorded on the date indicated.

MAIL CONFIRMATION TO OWNER YES NO

INSTRUCTIONS AND RESTRICTIONS

This form is to be used when the contract owner wishes to designate another person to succeed to all rights, privileges, powers and options upon his/her death, (or in the case of Juvenile contracts, his or her death, disappearance or incompetency). It is not to be used to change the ownership from one person to another (for this, use Form DO-598 or DO-835) or in cases where the current owner is deceased (in this situation, send an Electronic Mail message to Department 0500 outlining the request).

Check SPIRIT to determine the current owner of the contract. See the following paragraph for further clarification.

If this form is submitted in conjunction with an Absolute Assignment (Form DO-598) or Assignment of Control/Ownership (Form DO-835 for juvenile contracts) the signature of the new assignee/owner specified on the ownership change request for this transaction. This is the person who is now the current owner.

A. FOR JUVENILE LIFE INSURANCE CONTRACTS:

This section is used when the person insured was age 14 or under at issue and is currently under 21 years of age and is not indicated as the owner of the contract. Insert the current owner's name on the first line of this paragraph. The name of the person who is to succeed to ownership is placed on the next line and that person's relationship to the insured is listed on the third line. This successor owner's rights will automatically cease when the insured becomes 21 years of age.

B. FOR ADULT LIFE INSURANCE AND ALL NONQUALIFIED ANNUITY CONTRACTS:

This section is used when the person insured is not the contract owner and Section A does not apply. Insert the current contract owner's name on the first line of this paragraph. The name of the person who is to succeed to ownership is placed on the second line and that person's relationship to the insured/annuitant is listed on the third line. (It is allowable to have ownership pass to the insured/annuitant at the death of the owner. This can be accomplished by indicating the insured's/annuitant's name on the second line of this section. Indicate "self" or "insured/annuitant" in the relationship). As stated in "B" on the reverse side, the rights of the Successor Owner on annuity contracts are limited by IRS regulations. If you have specific questions in this regard, contact Policy Service.

The "Signed at, Date and Witness" sections are completed in the normal manner. The request must be signed by the current contract owner. This should be the same person indicated on the first line of either section A or B.

If you need assistance in determining the current ownership of this contract or have any difficulty in the completion of this form, contact the Policy Service Department (0500) via Electronic Mail message.

If this request is being completed in conjunction with a change in ownership Forms DO-598 or DO-835, attach this form to the ownership change form and submit to the Policy Service Department (0500).