

The Western and Southern Life Insurance Company Western-Southern Life Assurance Company
CINCINNATI, OHIO 45202

DISTRICT:				ACCOUNT NO:			<input type="checkbox"/> WP <input type="checkbox"/> ORD
CO. CODE	CONTRACT NUMBER	SEC COX	INSURED/ ANNUITANT	(FIRST)	(MID. INIT.)	(LAST)	OWNER DATE OF BIRTH

Assignor(s) (Current Owner(s)) Information

ASSIGNOR'S NAME	ASSIGNOR'S (AREA CODE) TELEPHONE NO.	ASSIGNOR'S S.S. NO. OR TAX I.D. (REQUIRED FOR TAXABLE DISTRIBUTION)
	DATE OF BIRTH OF ASSIGNOR(S)	

Assignee(s) (New Owner(s)) Information

ASSIGNEE(S) UNDER THIS AGREEMENT	ASSIGNEE'S S.S. NO. OR TAX I.D.	ASSIGNEE'S RELATIONSHIP TO INSURED/ANNUITANT
ASSIGNEE(S) MUST SIGN SS/TAX ID CERTIFICATION BELOW ADDRESS OF ASSIGNEE(S)	DATE OF BIRTH OF ASSIGNEE(S)	<div style="border: 1px solid black; padding: 20px; display: inline-block;"> [PLACE TRACKING LABEL HERE] </div>
	TELEPHONE NO.	

FOR VALUE RECEIVED, the Assignor(s) hereby sells, assigns, transfers and sets over absolutely unto the Assignee(s), his/her/its executors, administrators, successors or assigns, the above numbered contract and all rights, title and interest therein, together with all sums of money which may be now due or hereafter payable thereunder, and all rights, privileges, powers, benefits, options and advantages connected therewith or to be derived therefrom. This assignment is made subject to all the terms and conditions of the contract and to all superior liens, if any, which The Western and Southern Life Insurance Company or Western-Southern Life Assurance Company may have or acquire against the contract.

ALL PREVIOUS DESIGNATIONS OF BENEFICIARIES ARE HEREBY REVOKED AND THE BENEFICIARY IS HEREBY CHANGED TO THE ASSIGNEE(S), HIS/HER/ITS EXECUTORS, ADMINISTRATORS, SUCCESSORS OR ASSIGNS.

IMPORTANT TAX INFORMATION

If this is an Annuity or involves a Side Fund Annuity, this transfer of ownership may result in a net gain. If a net gain is realized, it may be subject to Federal, state and local income tax. The Assignor(s) may also be subject to tax penalties under the estimated tax rules if the Assignor's payments of estimated tax and other withholding, if any, are not adequate.

Certification - Under penalties of perjury, the undersigned certify that the Social Security Number(s) or Taxpayer ID Number(s) listed above is/are correct. Additionally, if the Assignee(s) (new owner(s)) is a Trust, the trustee certifies that such Trust is a Grantor Non-Grantor Trust

SIGNATURE OF ASSIGNOR(S) (CURRENT OWNER(S))	REQUIRED SIGNATURE OF DISINTERESTED PARTY	DATE	SIGNED AT (CITY & STATE)
	SIGNATURE OF ASSIGNEE(S) (NEW OWNER(S))		

NOTE: If executed by a corporation, the CORPORATE SEAL SHOULD BE AFFIXED HERE and there should be attached to the assignment a certified copy of a resolution of the Board of Directors authorizing the signing officer(s) to execute and deliver the assignment in the name and on behalf of the corporation.

The assignment of this contract is not effective unless recorded by the Company at its Home Office. A confirmation will be provided for the contract owner's records. A signature on this form transmitted by facsimile or electronically shall have the same force and effect as an original signature, once received the faxed document is the controlling document.

NOTICE

This assignment form is furnished solely as an accommodation. The Western and Southern Life Insurance Company or Western-Southern Life Assurance Company is not a party to this assignment and does not assume any responsibility as to its validity or sufficiency. It is the responsibility of the parties to this assignment to see that all persons whose interests are intended to be affected are joined in the execution, and all fees in connection therewith must be paid by the interested parties.

The assignment should be executed as indicated. After completion, return the form to the COMPANY for recording. The original will be retained by the Company and a confirmation returned for the assignee's records.

To be used on insurance contracts when Insured is age 21 or over, was age 15 or over at policy issue, is the current policy owner or is being made the new owner/assignee and is at least age 15. Use on all annuity contracts.

INSTRUCTIONS AND RESTRICTIONS

By completing this form, you can change ownership to another person, change ownership to the insured, change ownership to a corporation or make a Trust the owner. (If a Trust is to be named as owner, list the full name of the Trust, name of the Trustee and the date of the Trust. Also, the Trustee must complete the Certification area as to whether the Trust is a "Grantor" or "Non-Grantor" Trust.)

NOTE: This change in ownership/assignment automatically makes the new owner the Class I beneficiary and revokes all other Classes. If the new owner is the insured/annuitant, his/her Estate is automatically the new beneficiary. This fact should be pointed out to the new owner and a DO-43 completed if a beneficiary designation other than this is desired. The DO-43 should be signed and dated by the new owner one day after this change in ownership.

Always check SPIRIT to verify the name of the current owner who must sign this assignment form. If you are unable to determine who should sign this request, contact Annuity Operations (5100) or the Policy Service Department (0600) via Electronic Mail for assistance. Witness signature is required.

If the new ownership involves more than one individual, list every individual in the appropriate Assignor/Assignee space and provide the requested information for every individual. Every individual should sign the form, as appropriate. When more than one assignee is named, the new ownership shall be considered to be joint ownership with right of survivorship unless otherwise indicated.

Ownership cannot be changed on a Cancer policy.

Ownership of a Qualified annuity contract cannot be changed without jeopardizing the tax status of the contract. Such a change should be discouraged.

If the policy has family coverage and was issued by The Western and Southern Life Insurance Company, the ownership cannot be changed if the family coverage rider was issued prior to 1989.

This form is not to be used for a Collateral Assignment. Use Form DO-599.

If the current owner is deceased, write to Annuity Operations (5100) or the Policy Service Department (0600) giving the full name and relationship of the person who wants to succeed to ownership and provide proof of death of the owner. If additional information is needed, you will be notified. Do not submit this form in such situations.

If the owner on a juvenile policy wants to continue ownership beyond the insured's age indicated in the contract, request the proper form from Annuity Operations (5100) or the Policy Service Department (0600) prior to the insured attaining the age indicated in the contract.

If this ownership change request is going to be signed by a Power of Attorney or Guardian, attach a copy of the P.O.A. or court appointment document together with a letter outlining the reason the change is being requested and send to Annuity Operations (5100) or the Policy Service Department (0600). If anything additional is needed, you will be notified.

If the contract is collaterally assigned, the signature of an authorized officer of the bank is required in addition to the contract owner.

If this contract is owned by a Corporation, we will require a Corporate Resolution authorizing this change in ownership. Contact Annuity Operations (5100) or the Policy Service Department (0600) if assistance is needed in regard to the Resolution.