



## Ownership Change Request Form

Before naming a new owner, please understand your contract terms. The owner controls the contract. The annuitant is the individual whose life serves as the measuring life for purposes of determining benefits to be paid out under the contract. If the owner and annuitant are different, different rules apply at the death of the owner. Unless otherwise designated in this form, any existing beneficiary designation will remain in effect, notwithstanding the ownership change. You should also be aware that changing the owner of the contract may result in a taxable event. Therefore, we recommend that you consult with your tax advisor prior to making such changes. Please see your contract for further information.

### IDENTIFYING INFORMATION

Contract Number		Annuitant Name	
Current Owner's Name		Date of Birth	Social Security Number/TIN
Address		City	State      Zip Code
Current Joint Owner's Name (if applicable)		Date of Birth	Social Security Number/TIN
Address <input type="checkbox"/> Same as Owner's		City	State      Zip Code
Select One: <input type="checkbox"/> Owner <input type="checkbox"/> New Joint Owner <input type="checkbox"/> Remove Joint Owner			
New Owner's Name		Date of Birth	Social Security Number/TIN
Address		City	State      Zip Code
Phone Number		Relationship to Current Owner	
New Joint Owner		Date of Birth	Social Security Number/TIN
Address <input type="checkbox"/> Same as Owner's		City	State      Zip Code
Phone Number		Relationship to Current Owner	

In the event that the new owner is a Trust or Corporation, you will need to also complete the Entity Ownership Certificate form and forward it along with the additional requirements that are listed on the form. In the event of a previous owner's death, a certified death certificate must be submitted along with this form prior to the change being completed. If this ownership request is to be signed by an attorney-in-fact, guardian, or other representative, be sure to enclose a copy of the power of attorney document, letters of office, or other documents demonstrating the representative's right to act on behalf of the represented person with this request.

**CHANGE THE BENEFICIARY (Before changing the beneficiary, please understand your contract terms.)****To Change the Annuitant's Beneficiary:**

(The annuitant's beneficiary receives the death benefit in the contract upon the annuitant's death)

Name - First, Middle, Last	Date of Birth	Social Security Number/TIN	
Address	City	State	Zip Code
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone Number	Relationship to Annuitant	
Name - First, Middle, Last	Date of Birth	Social Security Number/TIN	
Address	City	State	Zip Code
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone Number	Relationship to Annuitant	
Name - First, Middle, Last	Date of Birth	Social Security Number/TIN	
Address	City	State	Zip Code
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone Number	Relationship to Annuitant	

**To Change the Owner's Beneficiary:**

(The owner's beneficiary takes control of the contract upon the owner's death and may be required to take a payout based on the contract's provisions. Please complete this section in the event that the owner and annuitant are different on the contract.)

Name - First, Middle, Last	Date of Birth	Social Security Number/TIN	
Address	City	State	Zip Code
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone Number	Relationship to Annuitant	
Name - First, Middle, Last	Date of Birth	Social Security Number/TIN	
Address	City	State	Zip Code
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone Number	Relationship to Annuitant	

***If additional beneficiaries are to be named please submit a separate written request and provide the required information same as above. The new owner of the contract must sign and date the separate request.*****SPOUSAL CONSENT*****SPOUSAL CONSENT – Required for contracts where owner resides in AZ, CA, ID, LA, NM NV, TX, WA or WI, if the spouse is not named as the sole primary beneficiary on the contract.***

If you are married and have designated any primary beneficiary (ies) other than your spouse, your spouse must consent by signing below. Please consult your tax advisor about the implications of this beneficiary designation.

I certify that I am the spouse of the named contract owner, and consent to my spouse designating the person(s) listed on previous pages as beneficiaries. I understand and acknowledge that as a result of this consent, I will not receive any benefits payable under this contract.

Spouse's Name (printed)	Spouse's Signature	Date
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## CERTIFICATION AND AUTHORIZATION

I certify that the information provided is accurate and that I certify Integrity Life Insurance Company to act in accordance with the elections indicated on this form.

- Check box if you are NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct tax identification number and (2) that I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding. Note: you must cross out Item (2) of certification if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax return.

Signature of New Owner	Date	Signature of New Joint Owner (if applicable)	Date
Signature of Old Owner	Date	Signature of Old Joint Owner (if applicable)	Date