



☐ 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	INSURED/ANNUITANT DATE OF BIRTH	
ADDRESS OF SUCCESSOR OWNER				TELEPHONE NO. OF SUCCESSOR OWNER	

ATTENTION DISTRICT OFFICE: Please review Spirit II for current ownership; review Instructions and Restrictions on reverse side prior to completing form.

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 ABSOLUTE OWNERSHIP (Assignment Code 01 or 03) 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.)"

**B NON-ABSOLUTE OWNERSHIP (Assignment code 02):**

"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 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 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."

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
SIGNATURE OF OWNER		

**If this form is being completed with an ownership change, this form must be signed by new assignee/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.



## 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 non-absolute ownership, 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 0600 outlining the request).

Check Spirit II to determine the current owner and assignment code 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), the signature of the new assignee/owner specified on the ownership change request is needed for this transaction. This is the person who is now the current owner.

### **A ABSOLUTE OWNERSHIP (Assignment Code 01 or 03) AND ALL NONQUALIFIED ANNUITY CONTRACTS:**

This section is used when the person insured is not the contract owner and section B does not apply. 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 third line and that person's relationship to the insured/annuitant is listed on the fourth line. (It is allowable to have the 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 third line of this section. Indicate "self" or "insured/annuitant" in the relationship). As stated in "A" 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.

### **B. NON-ABSOLUTE OWNERSHIP (Assignment code 02):**

This section is used on non-absolute ownership contracts (assignment code 02). 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 third line and that person's relationship to the insured is listed on the fourth line. This successor owner's rights will automatically cease when the insured becomes owner per contract ownership provision.

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 0600 via Electronic Mail message, or contact SOS.

If this request is being completed in conjunction with a change in ownership Form DO-598 or DO-835, attach this form to the ownership change form and submit to the Policy Service Department 0600.

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

