

INSURED/ANNUITANT _____ POLICY NO: _____

When changing ownership, please consult your tax advisor for possible adverse consequences. An ownership change may also have other legal consequences as well as impact eligibility for certain government aid programs. Again, a legal or tax advisor should be consulted.

NOTE: New Owner(s) must complete W-9 form.

I wish to change the Owner to:

New Owner(s)

Name _____

Address _____

Home Phone _____ Birthdate _____ U.S. Citizen Yes No

Relationship to previous Owner _____

Name _____

Address _____

Home Phone _____ Birthdate _____ U.S. Citizen Yes No

Relationship to previous Owner _____

If either owner is a Trust please submit a copy of that portion of the Trust agreement relevant to the trustee(s), any successor trustees and who can sign on its behalf. If the trust is over two (2) years old submit an Affidavit of Validity of Trustee. If a Power of Attorney is signing on behalf of either owner, please submit current POA documents. If POA documents are over two (2) years old, submit a valid of Power of Attorney. Note: A power of attorney generally may not change the ownership of the policy to his or herself.

For Joint Ownership: Tenants in Common
Or Joint Tenancy with the right of survivorship

OWNERSHIP WILL BE JOINT TENANCY WITH THE RIGHT OF SURVIVORSHIP IF NO SELECTION IS MADE.

For Annuities only: Single Owner (other than the Annuitant) or Joint Owners as Tenants in Common must designate a beneficiary. Please use the Request for Change of Beneficiary form LIU-336.

For Life only: Is this intended to be a gift? Yes No If yes, is a Form 712 needed? Yes No

THE FOLLOWING SHOULD SIGN THIS REQUEST:

Current Owner

New Owner

All Irrevocable Beneficiaries

Joint Owner

Any Collateral Assignee

Date

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. 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; and
3. I am a U.S. citizen or other U.S. person (defined below); a
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Instructions for completing Request for Change of Ownership

LIU-1002

This form is used to change ownership of a policy. Please contact your tax advisor for possible adverse tax consequences. An ownership change may also have other legal consequences as well as impact eligibility for certain government aid programs. Again, a legal or tax advisor should be consulted.

Line one list insured/annuitant name and policy #.

Under New Owner(s) section list the new owner's information as requested. There is room to include 2 owners. If there will be more than two (2) owners an additional sheet can be added with the listed info for those additional owners.

NEW OWNERS MUST COMPLETE THE W-9 FORM. COPIES CAN BE MADE FOR JOINT OWNERS.

If either owner is a Trust please submit a copy of that portion of the Trust agreement relevant to the trustee(s), any successor trustees and who can sign on its behalf. If the trust is over two (2) years old submit an Affidavit of Validity of Trustee. If a Power of Attorney is signing on behalf of either owner, please submit current POA documents. If POA documents are over two (2) years old, submit a valid of Power of Attorney. Note: A power of attorney generally may not change the ownership of the policy to his or herself.

For Joint Ownership: check the appropriate box to indicate whether you want the ownership to be Tenants in Common or Joint Tenancy with the rights of survivorship.

Tenants in Common indicates each of the owners owns a portion of the contract value. We assume an equal share unless you tell us otherwise. Each owner must indicate a separate "owner's beneficiary" since a surviving owner is not automatically entitled to another owner's share.

Joint Tenancy with the right of survivorship indicates each owner owns a portion of the contract value and should an owner die, the surviving owner(s) automatically become the owner(s) of the entire contract.

IF NO SELECTION IS MADE OWNERSHIP WILL JOINT TENANCY WITH THE RIGHT OF SURVIVORSHIP

NOTE: If you are changing ownership on an annuity:

If the new owner is an individual, the new owner will need to complete a beneficiary change form and indicate a new owner's beneficiary. Likewise, if the new owners are joint owners as tenants in common, each of the new joint owners will need to complete a beneficiary change form and each indicate his or her owner's beneficiary. Joint owners as joint tenants should not designate a beneficiary, as each will succeed the other as owner of the policy. Generally, there would be no death benefit paid should one of the joint tenant owners die unless said joint tenant owner was also a sole annuitant. If the new owner is a trust or otherwise non-natural entity, you do not need to designate an owner's beneficiary.

The following should sign this request:

The current owner followed by the new owner on the first line, all irrevocable beneficiaries and joint owners on the second line and any collateral assignee and the date on the third line.

*****ALL NEW OWNERS MUST COMPLETE A W-9 FORM*****

List individual/company name and address where indicated. You may list your policy number where it requests account number.

Part I - list your social security/employer identification number.

Part II - Sign your name and enter the date signed.

FRAUD NOTIFICATIONS

The Fraud Warning Notification below is required if you are a resident of, or if the contract was issued in, one of the following states:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island & West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: 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.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly, and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly, and with intent to defraud an insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia & Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. §638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon & Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.