ASSURITY® LIFE INSURANCE COMPANY
(800) 869-0355 • FAX (888) 255-2060
ASSURITY® LIFE INSURANCE COMPANY OF NEW YORK
(844) 401-7585 • FAX (888) 255-2060
Administrative Office • Post Office Box 82533, Lincoln, NE 68501-2533

TRUST OWNERSHIP TRANSFER

First, Middle, Last

Insured's Name _____ Policy Number _____

New Owner is to become Payor: ☐ Yes ☐ No ☐ Not Applicable If no option is selected, new Owner will become Payor.

I (*We*) transfer ownership of the above policy(ies) to:
- New Primary Owner(s) named below, during the life of this/these Owner(s);
- New Contingent Owner(s) named below, who are living when all New Primary Owners have died;
- Estate of the last surviving Owner at the Owner's death.

Is the current Owner married: ☐ Yes ☐ No

If YES, the current Owner's spouse must sign below if the following conditions apply:
- The current Owner is a resident of AZ, CA, ID, LA, NV, NM, TX, WA or WI;
- Changing the Owner of the above-mentioned policy to someone other than his/her spouse;

The change of ownership of a life insurance policy may have tax consequences. We suggest that you consult with your tax advisor regarding potential tax implications prior to making this change of ownership.

This transfer is subject to acknowledgement by Assurity; any indebtedness that Assurity may hold against the policy; any assignments previously acknowledged by Assurity; any irrevocable beneficiary arrangements recorded with Assurity. All options, benefits and beneficiary arrangements shall remain as they are until changed by the New Owner(s) and acknowledged by Assurity subsequent to this transfer. This Ownership Transfer voids all earlier primary or contingent designations.

New Primary Owner(s)

☐ **Living Trust** ___/___/___ (*Dated (MM/DD/YYYY)*) _____ (*Name of Trust* ***(Copy of Trust must be provided)***) _____ (*Tax Identification No.*)

_____ (*Name of Trustee*) of _____ (*Full Address of Trustee / City / State / Zip code +4*), Trustee or Successor.

☐ **Individual(s)** _____ (*Full Name*) ___/___/___ (*Date of Birth (MM/DD/YYYY)*) _____ (*Social Security No.*)

_____ (*Full Address / City / State / Zip code +4*) ( ) _____ (*Phone No.*)

New Contingent Owner(s)

☐ **Living Trust** ___/___/___ (*Dated (MM/DD/YYYY)*) _____ (*Name of Trust* ***(Copy of Trust must be provided)***) _____ (*Tax Identification No.*)

_____ (*Name of Trustee*) of _____ (*Full Address of Trustee / City / State / Zip code +4*), Trustee or Successor.

☐ **Individual(s)** _____ (*Full Name*) ___/___/___ (*Date of Birth (MM/DD/YYYY)*) _____ (*Social Security No.*)

_____ (*Full Address / City / State / Zip code +4*) ( ) _____ (*Phone No.*)

I *(We)* hereby certify that no proceedings of insolvency or bankruptcy have been instituted by or against the undersigned.

___/___/___ (*Date (MM/DD/YYYY)*) _____ (*Signature of Current Owner*) ___/___/___ (*Date (MM/DD/YYYY)*) _____ (*Signature of Joint Owner*)

___/___/___ (*Date (MM/DD/YYYY)*) _____ (*Signature of Owner's Spouse (if required)*) ___/___/___ (*Date (MM/DD/YYYY)*) _____ (*Signature of Witness (A non-related person with no financial interest in the policy.)*)

WE REQUEST SIGNATURE(S) OF NEW PRIMARY OWNER(S) FOR FUTURE VERIFICATION PURPOSES.
Substitute Form W-9 information *(Request for Taxpayer Identification Number and Certification)*: I, the Owner *(or each Joint Owner)*, certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person *(including a U.S. resident alien)*. The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

New Primary Owner(s) Signatures:

___/___/___ (*Date (MM/DD/YYYY)*) _____ (*Signature of New Primary Owner*) ___/___/___ (*Date (MM/DD/YYYY)*) _____ (*Signature of New Joint Owner*)

FOR HOME OFFICE USE ONLY—The Insurer has acknowledged and recorded the above Ownership Transfer as of the date given below.

___/___/___ (*Date (MM/DD/YYYY)*) _____ (*Authorized Signature*) _____ (*Title*)

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.