



**ANNUITANT CHANGE FORM**

**Please read all instructions carefully and complete all applicable sections of this form. Please refer to your Annuity Policy for specifics about your policy. A photocopy of a signed, government issued ID such as a driver's license; state ID or passport must be submitted with the completed form for the owner AND the new annuitant/ joint-annuitant. Unclear or missing information may delay or prevent processing. Sign and date the form and submit all pages.**

**OWNER INFORMATION**

POLICY NUMBER			
CURRENT OWNER'S NAME		OWNER'S SOCIAL SECURITY NUMBER	
CURRENT JOINT OWNER'S NAME		JOINT OWNER'S SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP	E-MAIL ADDRESS

**NEW ANNUITANT INFORMATION**

**Please complete the below section as you would like your annuitant designation to appear on your annuity contract.**

**Please select ONE of the following options:**

- Change Existing Annuitant to Another Person
- Add a Joint-Annuitant (*Spouse Only*)
- Remove an Existing Joint-Annuitant

NAME OF ANNUITANT OR JOINT-ANNUITANT TO BE REMOVED			
NEW ANNUITANT'S NAME		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
MAILING ADDRESS			
CITY	STATE	ZIP	TELEPHONE NUMBER
STREET ADDRESS ( <b>REQUIRED</b> IF MAILING ADDRESS IS PO BOX)			
CITY	STATE	ZIP	E-MAIL ADDRESS
DATE OF BIRTH	SOCIAL SECURITY NUMBER (OR TIN)		

## SIGNATURES AND AUTHORIZATION

Each current owner has read, understands and agrees to the following:

I (we) request to make the above changes to the specified policy, and I (we) agree to submit additional information upon request if such information is necessary to implement the changes on this form. I (we) certify that the policy is not assigned or pledged as collateral to any other person or corporation unless an assignee has signed below. I further certify that I am not a debtor in any pending bankruptcy or insolvency.

SIGN  
HERE

SIGN  
HERE

Signature – Owner

Date

Signature – Joint Owner *(if applicable)*

Date

Trustee or  Officer Title: \_\_\_\_\_

Trustee or  Officer Title: \_\_\_\_\_

SIGN  
HERE

SIGN  
HERE

Signature – Owner’s Spouse *(required in community property states- AZ, CA, ID, LA, NM, NV, TX, WA and WI)* Date

Signature – Irrevocable Beneficiary or Collateral Assignee *(if applicable)* Date

SIGN  
HERE

Signature – New Annuitant/Joint-Annuitant Date

If you are signing on behalf of the owner, print your name, sign below and check the box that describes the capacity in which you are signing:  Conservator  Guardian  Power of Attorney

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date

I certify that the conservatorship, guardianship or power of attorney authorizing me to act for the policy owner has not been terminated or modified in any way that would affect my ability to act for the policy owner. I agree to indemnify, defend and hold North American Insurance Company harmless for, from and against any losses, liability, claims and costs (including attorney’s fees) resulting from acting on my instructions.

## SIGNATURE REQUIREMENTS

All applicable required signatures must be included when submitting this form. Processing will be delayed if signature requirements are not satisfied.

**Spouse Signatures** – If the owner resides in a community property state (currently AZ, CA, ID, LA, NM, NV, TX, WA and WI), the owner’s spouse must also sign this form. Unless North American has been notified of a community property interest in the policy, North American will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry.

**Trust** – All trustees must sign if required by the trust agreement. A copy of the trust agreement and a

current Trustee Certification and Indemnification form must be provided. Check the “Trustee” box below the owner signature line.

**Guardian or Conservator** – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. Provide a copy of the guardianship/conservator papers if not previously submitted.

**Power of Attorney** – Provide a copy of the power of attorney (if not previously provided), and complete

and submit a Certification of Power of Attorney form. An updated Certification of Power of Attorney form is required every 12 months.

**Corporation** – Check the “Officer Title” box below the owner signature line and write the title of the officer signing for a corporate owner in the space

next to it. Provide a copy of the corporate resolution evidencing the officer’s signing authority.

**Irrevocable Beneficiary** – If you previously named an irrevocable beneficiary, the irrevocable beneficiary’s signature is required.

**Collateral Assignee** – If the policy has been assigned as collateral, all assignees must sign.

### **SUBMISSION INSTRUCTIONS**

Please sign, date, and return all completed pages, along with any required documents, via any of the return methods below.

<b>North American Insurance Company Mailing Address and Contact Information</b>	
<b>Regular or Overnight Mail</b>	2721 North Central Avenue, Phoenix, Arizona 85004
<b>Fax</b>	(877) 584-2777
<b>Email</b>	OxfordPHS@oxfordlife.com
<b>Policyholder Services</b>	(866) 641-9999
<b>Website</b>	www.oxfordlife.com