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ANNUITANT CHANGE FORM

INSTRUCTIONS:

- Please read all instructions carefully and complete all applicable/required sections of this form
- Unclear or missing information may delay or prevent processing
- Ensure all required printed names, signatures, and dates are included
- Include any required additional supporting documentation
- Any correction(s) must be crossed out and initialed. Use of white-out is prohibited
- Return ALL pages of this form
- See "Processing and Signature Requirements" on the last page for additional requirements
- **ALL signors of this request must submit a copy of a valid, government-issued ID such as a driver's license, passport, or state ID**

OWNER INFORMATION

POLICY NUMBER			
OWNER'S NAME		OWNER'S DATE OF BIRTH	OWNER'S SOCIAL SECURITY # XXX - XX -- _ _ _ _ _
JOINT OWNER'S NAME (if applicable)		JOINT OWNER'S DATE OF BIRTH	JOINT OWNER'S SOCIAL SECURITY # XXX - XX -- _ _ _ _ _
MAILING ADDRESS			
CITY	STATE	ZIP + 4	HOME PHONE NUMBER () --
STREET ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)			CELL PHONE NUMBER () --
CITY	STATE	ZIP + 4	E-MAIL ADDRESS (optional)

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

Note: **Non-Qualified Annuities**
 Annuitant must be a living person
 If the Owner is an ENTITY, there
 can only be ONE Annuitant

Qualified Annuities
 Annuitant must be a living person
 Joint Annuitants are not allowed
 Annuitant CAN NOT be changed

CHANGE REQUESTED <input type="checkbox"/> Add this Annuitant <input type="checkbox"/> Remove this Annuitant <input type="checkbox"/> Change to this Annuitant		
NEW ANNUITANT NAME		TELEPHONE NUMBER () --
MAILING ADDRESS		
CITY	STATE	ZIP + 4
NEW STREET ADDRESS (REQUIRED IF MAILING ADDRESS IS A PO BOX)		
CITY	STATE	ZIP + 4
NEW ANNUITANT DATE OF BIRTH / /	NEW ANNUITANT SOCIAL SECURITY NUMBER --- ---	NEW ANNUITANT EMAIL

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.

REQUIRED SIGNATURES ON NEXT PAGE

SIGNATURES

I have read, understood, and agreed to all sections of this form and authorize this request.

SIGN HERE	_____	SIGN HERE	_____
Owner's Signature	Date	Joint Owner's Signature (if applicable)	Date
<input type="checkbox"/> Trustee or <input type="checkbox"/> Officer Title: _____		<input type="checkbox"/> Trustee or <input type="checkbox"/> Officer Title: _____	

**SIGN
HERE**

New Annuitant / Joint Annuitant Signature **Date**

**SIGN
HERE**

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

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

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 Oxford Life Insurance Company harmless for, from, and against any losses, liability, claims, and costs (including attorney's fees) resulting from acting on my instructions.

**SIGN
HERE**

Signature **Date** **Printed Name**

ATTENTION RESIDENTS OF AZ, CA, ID, LA, NM, NV, TX, WA, OR WI:

If you live or your policy was issued in a community property state listed above, your spouse must sign below:

SIGN HERE	_____	OR	Check this box if you are not married or your spouse is deceased:
Owner's Spouse Signature	Date		<input type="checkbox"/>

PROCESSING AND 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 policy was issued in or the owner resides in a community property state (currently AZ, CA, ID, LA, NM, NV, TX, WA, or WI), the owner’s spouse must also sign this form. Unless Oxford Life has been notified of a community property interest in the policy, Oxford Life 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 Certification of Trustee Powers form must be on file for all requests. If not previously submitted, a complete copy of all pages of the Trust should be submitted with this request. The Trustee(s) should sign their name in the Signature-Owner field and check the “Trustee” box below the signature.

Guardian or Conservator – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. If not previously submitted, a complete copy of the guardianship / conservator papers should be submitted with this request.

Power of Attorney – If not previously submitted, the Power of Attorney signing this form should complete and submit a Certification of Power of Attorney form and all pages of their Power of Attorney documents. An updated Certification of Power of Attorney form is required every 12 months.

Corporation – If the Owner of the policy is a corporation, entity, or business, check the “Officer Title” box below the Owner-Signature line and write the title of the officer signing the request. Provide a copy of the corporate resolution evidencing the officer’s signing authority or a copy of the most recent business meeting notes authorizing this request.

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.

Address Requirements – If the address provided on this form does not match the address for the Owner on file, please submit proof of this updated address such as a driver’s license, passport, state ID, vehicle registration, or a state/federal tax document as proof of address.

Funeral Homes / Assignment Companies – If a Funeral Home or Assignment Company is being named as a Beneficiary or Irrevocable Beneficiary, we must receive a copy of the company’s Business License or Corporate Resolution to complete the change request

NOTE: A Funeral Home or Assignment Company MAY NOT BE NAMED as a Beneficiary in the following states: Florida, Georgia, Maryland, Michigan, Montana, New Jersey, Oklahoma, South Dakota, Tennessee, or Texas.