

## LIFE OR ANNUITY POLICY OWNERSHIP CHANGE FORM

Please read all instructions carefully and complete all applicable sections of this form. 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. If no ID is available, the form must be notarized. Unclear or missing information may delay or prevent processing. Sign and date the form and submit all pages.

### CURRENT 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 OWNER INFORMATION

NEW OWNER'S NAME		SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP	TELEPHONE NUMBER
STREET ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)			
CITY	STATE	ZIP	E-MAIL ADDRESS
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF NO, ARE YOU A PERMANENT U.S. RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### NEW JOINT OWNER INFORMATION (NOT AVAILABLE FOR TAX QUALIFIED POLICIES)

NEW JOINT OWNER'S NAME		SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP	TELEPHONE NUMBER
STREET ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)			
CITY	STATE	ZIP	E-MAIL ADDRESS

ARE YOU A U.S. CITIZEN?  Yes  No

IF NO, ARE YOU A PERMANENT U.S. RESIDENT?  Yes  No

**ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION  
(LIFE INSURANCE POLICIES ONLY)**

**Changing ownership will not revoke an EFT authorization unless you complete this section. Complete this section to initiate payments by EFT or to change banking information for payment of life insurance policy premiums. If changing ownership of an annuity policy, skip this section.**

By signing below, I (the bank account owner) authorize Oxford Life Insurance Company to electronically debit all future premiums (including any past due premiums) from the bank account identified below when such premiums are due. I understand that I may revoke this authorization by written notice to Oxford Life or by calling (866) 641-9999. If this authorization is revoked, Oxford Life will initiate quarterly paper billings.

**For checking accounts, attach a void check over this section. For savings accounts, provide a deposit slip or a bank account statement.**

Your Name  
Your Address

**-VOID-**

Routing Number      Account Number  
123456789              1234567

BANK ACCOUNT OWNER NAME\*

SAME AS NEW POLICY OWNER or PRINT NAME:

BANK ACCOUNT OWNER ADDRESS (IF ACCOUNT OWNER IS NOT THE NEW POLICY OWNER)

BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

BANK ACCOUNT TYPE

CHECKING     SAVINGS

PAYMENT FREQUENCY (SELECT ONE):  MONTHLY  QUARTERLY  SEMI-ANNUALLY  ANNUALLY

**\*The bank account owner must sign this form on page 3 to authorize the EFT premium payments.**



# 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 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 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.

### Oxford Life Mailing Address and Contact Information

<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