

Variable Annuity Contract Change Authorization



OLD MUTUAL
INVEST INSURE INNOVATE

INSURER – OM Financial Life Insurance Company

USE THIS FORM TO:

- Change or add an owner. *Complete sections 1, 2 and 6.*
- Name change. *Complete sections 1, 5 and 6.*
- Change or add beneficiaries. *Complete sections 1, 3 and 6.*
- Change an address. *Complete sections 1, 4 and 6.*

1. GENERAL INFORMATION

Owner's Name (First, Middle, Last)

Daytime Telephone Number

Variable Annuity
Contract Number

2. CHANGE OR ADD OWNER(S)

Age restrictions and other limitations may apply. Change of owner could create a taxable event and may impact any optional benefits that are in effect. Consult with a tax adviser or legal representative regarding types of owner changes and resulting tax consequences. If enrolled in electronic delivery or telephone authorization, complete Section 6 to update the information on file or these services will be discontinued.

Type of Change: *Select one of the following:*

New Owner

Change Owner *Indicate type:*

- Joint
 Contingent

Add New Owner *Indicate type:*

- Joint
 Contingent

Note: If trust will be new owner, the Trustee Certification and Disclosure form is required.

NEW OWNER

Owner Name (First, Middle, Last)

Date of Birth (mo/day/yr)

Male Female
Gender

Street Address

City, State ZIP

()

Daytime Telephone Number

Relationship to Current Owner

Social Security #/Tax ID #

If you reside in one of the following States, complete the additional information below:

Arizona
Louisiana
Texas

California
Nevada
Washington

Idaho
New Mexico
Wisconsin

1. If you have **never been married or were divorced or widowed prior to the issue date of this annuity**, please acknowledge by signing below:

Signature

Date

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2. If you are **currently married**, your spouse must consent to the transaction by signing below:

Spouse Signature

Date

3. If your **spouse is deceased**, please attach a copy of the Death Certificate. **Date of Death:** _____

4. If you are **divorced after the issue date of this annuity**:

Date of Divorce: _____

(A) and the policy was mentioned in the Divorce Decree or Property Settlement Agreement; please attach a certified copy of the document.

(B) and the policy was not mentioned directly or indirectly in the Decree or Property Settlement Agreement, it will be necessary for your ex-spouse to consent by signing below:

Ex-spouse Consent

Ex-spouse Signature

Date

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or policy owner signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

3. BENEFICIARY DESIGNATION

The following information must be completed for each person/entity you wish to designate as a beneficiary. If you wish to retain an existing beneficiary, that beneficiary must be restated. If a beneficiary classification is not indicated, that beneficiary will be classified as the primary contingent. Unless otherwise indicated, if two or more beneficiaries are designated in the same classification, each will share equally in any death benefit proceeds and/or rights granted.

Total percentages must equal 100% for all beneficiaries designated as primary beneficiaries and 100% for all beneficiaries designated as contingent beneficiaries. For additional beneficiaries, attach a separate sheet signed and dated by the owner(s) with all information requested.

Beneficiary # 1

Name (First, Middle, Last)

Date of Birth (mo/day/yr)

Social Security #/Tax ID #

Relationship to Owner

Primary Contingent

Beneficiary Classification

Benefit %

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3 (Continued)

Beneficiary #2

Name (First, Middle, Last)

Date of Birth (mo/day/yr)

Social Security #/Tax ID #

Relationship to Owner

Primary Contingent
Beneficiary Classification

Benefit %

Beneficiary #3

Name (First, Middle, Last)

Date of Birth (mo/day/yr)

Social Security #/Tax ID #

Relationship to Owner

Primary Contingent
Beneficiary Classification

Benefit %

Beneficiary #4

Name (First, Middle, Last)

Date of Birth (mo/day/yr)

Social Security #/Tax ID #

Relationship to Owner

Primary Contingent
Beneficiary Classification

Benefit %

4. CHANGE OF ADDRESS

Select one: Owner Annuitant

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Name of Person Whose Address is Changing (First, Middle, Last)

Daytime Telephone Number

New Street Address

City

State

Zip Code

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5. NAME CHANGE(S)

Note: If name change is for the current owner, signatures with the former and current name are required in Section 2.

Select one: Owner Annuitant

Reason for change: Marriage Court Order Divorce Other

Note: Include a copy of appropriate documentation (marriage certificate, driver's license or court documentation)

Former Name (First, Middle, Last)

New Name (First, Middle, Last)

6. CHANGE OF ANNUITANT

Note: This change is subject to the annuity contract provisions and is not available on all annuity contracts. Please refer to your annuity contract or contact your insurance representative.

The Annuitant cannot be a non-natural person.

I hereby designate the Annuitant of the contract designated herein to:

Annuitant

Social Security No.

Date of Birth

Daytime Phone No.

Mailing Address

City, State Zip

7. ACKNOWLEDGEMENT AND SIGNATURE(S)

The following acknowledgement applies to contract owner changes under Section 2:

I(We) have read and understand the provisions of the contract and/or product prospectus (if applicable) regarding owner changes. I(We) understand that any gain in the contract on the date of an owner change may be reported to the Internal Revenue Service for the current tax year and may be determined as a taxable event. I(We) further understand that OM Financial Life Insurance Company nor its representatives, agents or employees provide tax or legal advice and that it is my(our) responsibility to consult with a tax or legal adviser prior to any owner(s) change. I(We) certify that I(we) am(are) a U.S. citizen (including a U.S. resident alien) and that my(our) Social Security Number(s) or Taxpayer ID number(s) is(are) correct.

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The following acknowledgement applies to beneficiary designations changes under Section 3:

I(We) have read and understand the provisions of the contract and/or product prospectus (if applicable) regarding beneficiary designations and the death benefit proceeds. I(We) acknowledge that the information I(we) have provided regarding my(our) beneficiary(ies) is true, complete and accurate and this information will be relied upon in order to identify my(our) beneficiary(ies). OM Financial Life Insurance Company may rely on information and/or confirmation by any responsible individual (e.g., executor) to identify a beneficiary(ies). I(We) understand that the beneficiary designation cancels and supercedes both current and previous beneficiary designations. In the event that no beneficiaries have been designated or that no beneficiaries have been clearly identified, OM Financial Life Insurance Company may pay the death benefit proceeds to the owner's estate. I(We) further understand that OM Financial Life Insurance Company is not the administrator of any qualified retirement plan or program, or the custodian of any individual retirement annuity arrangement, and that OM Financial Life Insurance Company's administrative duties are limited to the administration of the contract.

Current Owner's Signature **Date**
(Required for all changes)

Joint Owner's Signature **Date**
(If applicable, required for all changes)

New Owner's Signature **Date**
(Required only for contract owner changes)

New Joint Owner's Signature **Date**
(If applicable)

Former Signature of Owner **Date** **Irrevocable Beneficiary & Assignee** **Date**
(Required only for owner name changes and should match signature with former name on file)

TO COMPLETE THIS FORM:

- 1) Print clearly using blue or black ink. Provide requested information in full. An incomplete form may delay processing.
- 2) If an Attorney-In Fact is signing this form, please include an original or certified copy of the Power-of-Attorney documentation accompanied by a notarized sample signature for the Attorney-In-Fact. This additional documentation may be excluded if previously submitted to OM Financial Life Insurance Company.

WHERE TO SEND THIS FORM:

Street Address:

OM Financial Life Insurance Company
Service Center
P.O. Box 725049
Atlanta, GA 31139-2049

Overnight Address:

OM Financial Life Insurance Company
6425 Powers Ferry Road
Suite 300
Atlanta, GA 30339

By fax:

(770) 690-1967

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ADDITIONAL FORMS:

The following additional forms or other documentation may be required dependent on the type of change being requested:

- **Section 2 – Change or Add Owner(s)**
If changing the owner of the contract to a **trust**, attach a completed **Trustee Certification and Disclosure** form.
- **Section 3 – Beneficiary Designation**
Attach a separate sheet, signed and dated, if additional beneficiaries are to be designated.
- **Section 5 – Name Changes**
Attach copies of appropriate documentation (marriage certificate, driver's license, or court documentation) reflecting name change.

FOR HELP OR QUESTIONS:

Contact your Registered Representative

or

OM Financial Life Insurance Company's
Customer Service Center at (866) 599-2760