



Eagle Life Insurance Company®
 P.O. Box 71279, Des Moines, IA 50325-0279
 O/N Address: 6000 Westown Parkway, West Des Moines IA, 50266
 866-526-0995 • Fax 515-457-1911
 www.eagle-lifeco.com • service@eagle-lifeco.com

Ownership Change

Contract Information

Contract Number(s):

Current Owner

Legal Name (First)	(MI)	(Last)	(Suffix)
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Trust or Entity Name:

Current Joint Owner (if applicable)

Legal Name (First)	(MI)	(Last)	(Suffix)
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Annuitant

Legal Name (First)	(MI)	(Last)	(Suffix)
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Joint Annuitant (if applicable)

Legal Name (First)	(MI)	(Last)	(Suffix)
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To Be Completed By Current Owner(s) and New Owner(s)

I/We, the current owner(s) of the above-captioned annuity contract (the "Contract"), hereby assign all rights, title and interest in and to the Contract to the party(ies) identified below:

New Owner

Legal Name (First)	(MI)	(Last)	(Suffix)
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Trust or Entity Name:	Relationship to Owner:
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SSN/TIN:	DOB (mm/dd/yyyy):	Marital Status
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Physical Address:	City:	State:	Zip Code:
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Mailing Address:	City:	State:	Zip Code:
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Email:	Phone Number:
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Ownership Change

To Be Completed By Current Owner(s) and New Owner(s) - continued

I/We, the current owner(s) of the above-captioned annuity contract (the "Contract"), hereby assign all rights, title and interest in and to the Contract to the party(ies) identified below:

New Joint Owner (if applicable)

Legal Name (First)	(MI)	(Last)	(Suffix)
Trust or Entity Name:		Relationship to Owner:	
SSN/TIN:	DOB (mm/dd/yyyy):		Marital Status:
Physical Address:	City:	State:	Zip Code:
Mailing Address:	City:	State:	Zip Code:
Email:	Phone Number:		

Consent of Current Owner's Spouse – Required if living in Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington or Wisconsin

If you (the current owner) are married and reside in one of the states listed above or a community property interest otherwise exists, your spouse must consent to this change of ownership by signing below.

 Spouse Signature Date

We are entitled to rely on the information you provide in this section. If you do not indicate that you are married, we are entitled to rely on our good faith belief that no community property interest exists. If you are unsure of whether a community property interest exists, consult your legal advisor. We have no responsibility for determining the applicability of community property laws or the validity of the requested transaction. If you live in one of the states listed above and you do not complete this section, we will assume you are not married and no community property interest exists. By signing this form, you are certifying that the information provided in this section is true.



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Beneficiary Designation(s) - To be completed by New Owner(s)

Upon change of ownership, all prior beneficiary designations are revoked. The new owner(s) must complete the following section to designate a beneficiary of the Contract.

Instructions:

1. Primary beneficiaries will receive death benefits when a claim is filed. If there are no surviving primary beneficiaries, contingent beneficiaries will receive benefits. If there are no living contingent beneficiaries, we will pay benefits to the owner's estate.
 - In order for your spouse to elect the spousal continuation option, they must be the sole primary beneficiary.
 - If there are joint owners on the contract, this may impact how death benefits are paid. Please refer to your contract.
2. Please indicate your full legal name and the full legal name of each designated beneficiary.
 - Do not designate a beneficiary by relationship or class (Example: my children). Each beneficiary must be specifically named.
 - If you wish to name more beneficiaries than can be accommodated on this form, please complete and attach the Eagle Life Additional Beneficiary Form.
3. All boxes in the following sections must be completed. This will ensure your final wishes are carried out appropriately.
 - If you do not provide an email address for a beneficiary, we will assume that beneficiary does not have an email address.
 - Please use percentages in your designation(s). All percentages must total 100%. If no percentages are listed, proceeds will be divided equally.
4. If you do not designate a new beneficiary or if this designation is ineffective or otherwise not accepted by Eagle Life before a claim is triggered, proceeds will be paid to the decedent's estate.
5. If you name a trust as the beneficiary, submit a copy of the trust for our file along with the Certification of Trust Agreement.
6. If the owner is a company, please provide our office with a current list of those authorized to sign on its behalf, if you have not already done so.
7. We do not allow current or former financial professionals, the financial professional's spouse, or anyone affiliated with the financial professional to be the beneficiary of a contract which the financial professional sold or serviced unless the financial professional has a close familial relationship with the contract owner.
8. A death claim may trigger upon the passing of an annuitant, which does not change with the ownership change request. If you need further assistance, please contact our customer service department at 866-526-0995.



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Ownership Change

Beneficiary Designation(s)

I/We, the NEW owner(s) of the Contract, designate the following beneficiary(ies) of the Contract:

Beneficiary	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Share %:	Relationship:
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Legal Name (First)	(MI)	(Last)	(Suffix)
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Trust or Entity Name:

SSN/TIN:	DOB (mm/dd/yyyy):
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Mailing Address:	City:	State:	Zip Code:
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Email:	Phone Number:
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Beneficiary	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Share %:	Relationship:
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Legal Name (First)	(MI)	(Last)	(Suffix)
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Trust or Entity Name:

SSN/TIN:	DOB (mm/dd/yyyy):
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Mailing Address:	City:	State:	Zip Code:
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Email:	Phone Number:
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Beneficiary	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Share %:	Relationship:
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Legal Name (First)	(MI)	(Last)	(Suffix)
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Trust or Entity Name:

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Legal Name (First)	(MI)	(Last)	(Suffix)
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Trust or Entity Name:

SSN/TIN:	DOB (mm/dd/yyyy):		
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Mailing Address:	City:	State:	Zip Code:
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Email:	Phone Number:		
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Beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %:	Relationship:	
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Legal Name (First)	(MI)	(Last)	(Suffix)
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Trust or Entity Name:

SSN/TIN:	DOB (mm/dd/yyyy):		
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Mailing Address:	City:	State:	Zip Code:
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Email:	Phone Number:		
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Beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %:	Relationship:	
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Legal Name (First)	(MI)	(Last)	(Suffix)
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Trust or Entity Name:

SSN/TIN:	DOB (mm/dd/yyyy):		
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If you (the new owner) are married and reside in one of the states listed above or a community property interest otherwise exists, your spouse must consent to the beneficiary designation(s) by signing below.

 Spouse Signature _____
 Date

We are entitled to rely on the information you provide in this section. If you do not indicate that you are married, we are entitled to rely on our good faith belief that no community property interest exists. If you are unsure of whether a community property interest exists, consult your legal advisor. We have no responsibility for determining the applicability of community property laws or the validity of the requested transaction. If you live in one of the states listed above and you do not complete this section, we will assume you are not married and no community property interest exists. By signing this form, you are certifying that the information provided in this section is true.

Substitute IRS Form W-9

Under penalties of perjury, I certify that:

1. My Social Security number or taxpayer identification number shown on this form is correct;
2. I am not subject to backup withholding due to failure to report interest or dividend income;
3. I am a U.S. citizen or other U.S. person (as defined in the W-9 instructions); and
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.

Certification Instructions – You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out certifications 3 and 4 and complete and return to us the appropriate IRS documentation.



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Ownership Change

Please Sign & Date Below

Trusts: If a trust is the new owner, the trustee must sign for the new owner in his/her capacity as trustee and must submit to Eagle Life either (1) a full copy of the trust or (2) the first page and all signature pages of the trust, along with the Certification of Trust Agreement form.

Business Entities: If a business entity is the new owner, this form must be signed by an authorized representative of the business. You must also submit (1) documentation showing the existence of the business (certificate of good standing or organizational documents) and (2) documentation showing the authorized signers for the business (AE's Corporate Certification form or a company resolution).

POAs, Guardianships, Conservatorships: If you are signing on behalf of someone as their attorney-in-fact, guardian, or conservator, Eagle Life requires a copy of the applicable power of attorney, letters of guardianship, or letters of conservatorship.

In general, an ownership change creates a taxable event required to be reported to the Internal Revenue Service. Eagle Life is required to report any taxable event. If you have questions regarding your tax liability, please consult a tax advisor.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By signing below, I/We acknowledge that the information contained herein is true and accurate to the best of my belief.

⊗ _____
 Current Owner's Signature* Date

*If you are signing on behalf of the owner, please indicate the capacity in which you are signing:

Trustee Attorney-in-Fact Conservator/guardian Other: _____

⊗ _____
 Current Joint Owner's Signature* Date

*If you are signing on behalf of the joint owner, please indicate the capacity in which you are signing:

Trustee Attorney-in-Fact Conservator/guardian Other: _____

Please continue signing on page 8.



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Ownership Change

Please Sign & Date Below - continued

⊗ _____
New Owner's Signature* Date

*If you are signing on behalf of the owner, please indicate the capacity in which you are signing:

Trustee Attorney-in-Fact Conservator/guardian Other: _____

⊗ _____
New Owner's Signature* Date

*If you are signing on behalf of the joint owner, please indicate the capacity in which you are signing:

Trustee Attorney-in-Fact Conservator/guardian Other: _____