



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 Number(s):				
<b>Annuitant</b>				
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)
<b>Joint Annuitant (if applicable)</b>				
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)
<b>Current Owner</b>				
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)
Trust or Entity Name:				
<b>Current Joint Owner (if applicable)</b>				
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)

**SECTION 1: TO BE COMPLETED BY CURRENT OWNER(S) AND NEW OWNER(S)**

**OWNERSHIP CHANGE**  
 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:

<b>New Owner</b>				
(Prefix)	Legal Name (First)	(Middle)	(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:		
<b>New Joint Owner (if applicable)</b>				
(Prefix)	Legal Name (First)	(Middle)	(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:		

**ORIGINAL FORM NOT REQUIRED - FAXED COPIES ARE ACCEPTABLE**



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

## SECTION 2: CONSENT OF CURRENT OWNER'S SPOUSE – REQUIRED IF LIVING IN AZ, CA, ID, LA, NM, NV, TX, WA, or WI

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.

X \_\_\_\_\_  
 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.

## SECTION 3: 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.
  - A married woman should be indicated by her own given name, not that of her husband. (Example: Jane A. Doe, not Mrs. John R. Doe.)
  - 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 representatives, the representative's spouse, or anyone affiliated with the representative to be the beneficiary of a contract which the representative sold or serviced unless the representative has a close familial relationship with the contract owner.
8. If you need further assistance, please contact our customer service department at 866-526-0995.



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

## SECTION 3: BENEFICIARY DESIGNATION(S) - CONTINUED

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

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



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

## SECTION 3: BENEFICIARY DESIGNATION(S) - CONTINUED

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

## SECTION 4: CONSENT OF NEW OWNER'S SPOUSE - REQUIRED IF LIVING IN AZ, CA, ID, LA, NM, NV, TX, WA, or WI

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.

X \_\_\_\_\_  
 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.

## SECTION 5: 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.**



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

## SECTION 6: 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 (EL'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

\_\_\_\_\_  
 Phone

\*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

\_\_\_\_\_  
 Phone

\*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: \_\_\_\_\_

\_\_\_\_\_  
 New Owner's Signature\*

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone

\*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 Joint Owner's Signature\*

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone

\*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: \_\_\_\_\_