



Ownership Change

Please remember:

- A change of ownership may have tax consequences. Consult a tax advisor before making any changes to the ownership of your annuity.
- A change of ownership is not allowed on a qualified contract except to add or remove a custodian.
- A change of ownership and/or the addition of a co-owner may affect the interest of any beneficiaries designated before the effective date of the change. If you would like to change your beneficiary, include a Beneficiary Designation form, signed by the new contract owner(s), with this request.
- A person and an entity (for example, a trust) cannot share the ownership of an annuity.
- An ownership change is not binding until we receive all paperwork in good order and acknowledge that the change has been made. The ownership change will be effective as of the date this form is signed subject to any action taken by the Company prior to its receipt of the request in good order. The Company is not responsible for the validity, sufficiency, or tax consequences of this change.

For questions or help with this form, call us at **877-253-2323**.
Throughout this form, “the Company” refers to the issuing company.¹

1

Current Owner Information

Contract Number	
Owner	SSN/TIN
Co-Owner (if applicable)	SSN/TIN
In case we need to contact you about this request	Daytime Phone

2

New Owner Information

Complete this section if you want to change the owner.

Owner	SSN/TIN	
Address	Date of Birth (mm/dd/yyyy)	
Address		
City	State	Zip Code
In case we need to contact you about this request	Daytime Phone	



¹ Delaware Life Insurance Company (Waltham, MA) is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group One Thousand One, LLC (“Group1001”).
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3 New Co-Owner Information

Complete this section if you want to add or change the co-owner.

Co-Owner (if applicable)		SSN/TIN
Address		Date of Birth (mm/dd/yyyy)
Address		
City	State	Zip Code
In case we need to contact you about this request		Daytime Phone

4 Customer Authorization

Use this section to authorize or remove authorization for your registered representative to request fund transfers on your contract.

- This selection will remain in effect until we receive an updated Customer Authorization form.
- If you make no selection, the authorization that is currently on your account will remain in effect.
- Authorization to transfer funds on Custodial accounts is governed by the Custodial firm's custodial agreement with the Company, regardless of the option checked below.

- ☐ Yes, and to the extent permitted by the Distributor firm of record on this contract:
- I/we authorize 1) the registered representative(s)/agent(s) of record on this contract, 2) any future registered representative(s)/agent(s) of record, and 3) any designees of those registered representatives or agents to initiate, by a means acceptable to the Company, transfers among available subaccounts, changes to fixed guarantee periods, and changes to investment allocations in this contract.
 - I/we further understand and agree that the Company may terminate this authorization at its discretion at any time without prior notice. In the absence of such termination, this authorization will remain in effect unless the Company receives at its administrative office, in a form acceptable to the Company, 1) notice from me/us that such authority has been revoked or 2) acceptable proof of an owner's death.
- ☐ No, I/we **no longer** authorize:
- 1) the registered representative(s)/agent(s) of record on this contract, 2) any future registered representative(s)/agent(s) of record, and 3) any designees of those registered representatives or agents to initiate any fund transfers on this contract.

5 Living Benefit and Enhanced Death Benefit Acknowledgment

Important information for accounts with an active living benefit and/or enhanced death benefit.

By signing section 6 of this form, you confirm that you understand and accept that changing the owner on this contract may cancel the living benefit and/or enhanced death benefit.

You should talk with your financial advisor and read your prospectus carefully to understand how this ownership change will affect your living benefit and/or enhanced death benefit.

6 Signature(s)

All owners must sign this form.

If you are signing this form as a fiduciary (power of attorney, trustee, guardian, custodian, etc.) for the contract owner, please include your fiduciary relationship. We will need your authorizing documents to process this request. If we do not have them on file, please attach them to this form.

By signing this form, you acknowledge that you understand and accept that changing the owner on this account may cancel your living benefit and/or your enhanced death benefit.

We require an original **signature guarantee** stamp (no faxes) with each signature(s) of the current owner(s).

You can obtain a **signature guarantee** stamp at an FDIC-insured bank; a member firm of the New York, American, Boston, Midwest, Philadelphia, or Pacific Stock Exchange; or any company that is a member of the Securities Transfer Agents Medallion Program (STAMP).

- **A completed W9 form with the new owner's information is required to complete the requested ownership change.**

Current contract owner(s)

Current Owner's Signature X	Date (mm/dd/yyyy)	Current Co-Owner's Signature (if applicable) X	Date (mm/dd/yyyy)
Please Print Name Below		Please Print Name Below	
Signature Guarantee Stamp		Signature Guarantee Stamp	

New contract owner(s)

New Owner's Signature X	Date (mm/dd/yyyy)	New Co-Owner's Signature (if applicable) X	Date (mm/dd/yyyy)
Please Print Name Below		Please Print Name Below	

Contact Us

By mail

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Customer Service **877-253-2323** M-F 7:30 a.m.-5:00 p.m., CT