

## LIFE OR ANNUITY POLICY OWNERSHIP CHANGE FORM

Please read all instructions carefully and complete all applicable sections of this form. 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 ( <b>REQUIRED</b> 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 ( <b>REQUIRED</b> 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	

**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.**

## SIGNATURES AND AUTHORIZATION – CURRENT OWNER

**Each current owner has read, understands and agrees to the following:**

I(we) transfer all rights of ownership in the policy listed above to the new owner(s) designated in this form. I certify that the policy is not assigned or pledged as collateral to any other person or corporation unless an assignee has signed below. I further certify that I am not a debtor in any pending bankruptcy or insolvency.

**This change of ownership may result in a taxable event to the current owner. Please consult with your tax advisor before submitting this form. This change of ownership does not change or revoke any beneficiary designation now in effect. This form does not revoke any EFT authorization for life insurance premium payment unless a change of method of premium payment is indicated on page 2.**

\_\_\_\_\_  
Signature – Current Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Current Joint Owner (*if applicable*) Date

☐ Trustee or ☐ Officer Title: \_\_\_\_\_

☐ Trustee or ☐ Officer Title: \_\_\_\_\_

\_\_\_\_\_  
Signature – Current Owner's Spouse (*required in community property states – currently AZ, CA, ID, LA, NM, NV, TX, WA and WI*)

\_\_\_\_\_  
Signature – Irrevocable Beneficiary or Collateral Assignee (*if any*)

**If you are signing on behalf of the owner, print your name, sign below and check the box that describes the capacity in which you are signing:** ☐ Conservator ☐ Guardian ☐ Power of Attorney

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## SIGNATURES AND AUTHORIZATION – NEW OWNER

**Each new owner has read, understands and agrees to the following:**

I confirm that the current owner is transferring all rights of ownership in the policy listed above to me, subject to the terms and conditions of the policy. This change of ownership does not change or revoke any beneficiary designation now in effect. If payments are not made by EFT, the mode of premium payment will be quarterly. Under penalties of perjury, I certify that the number shown on this form is my correct Social Security number or taxpayer identification number, and I am a U.S. citizen or other U.S. person (including a U.S. resident alien).

\_\_\_\_\_  
Signature – New Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – New Joint Owner (*if applicable*) Date

☐ Trustee or ☐ Officer Title: \_\_\_\_\_

☐ Trustee or ☐ Officer Title: \_\_\_\_\_

\_\_\_\_\_  
Signature – Bank Account Owner (if not the same as new owner)

\_\_\_\_\_  
Date

**If you are signing on behalf of the new owner, print your name, sign below and check the box that describes the capacity in which you are signing:** ☐ Conservator ☐ Guardian ☐ Power of Attorney

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## 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