

Ownership Change Request For Life Policies



Accordia Life and Annuity Company
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Customer Contact Center –
Tel: 877 462 8992 Fax: 800 351 0603

Accordia Life and Annuity Company
215 10th Street, Suite 1100, Des Moines, IA 50309

First Allmerica Financial Life Insurance Company
132 Turnpike Road, Suite 210, Southborough, MA 01772

INSTRUCTIONS

Use this form to change or transfer ownership of your policy(ies).

- This transaction may result in a taxable event to the current owner. Please seek the advice of your Financial or Tax Professional before proceeding.
- This form is for single or two joint owners only. To select multiple owners (2-5), please use the Request for Co-Ownership and Appointment of Designated Owner Form (16283).
- Joint and/or contingent owners selected by the prior owner are no longer valid. Complete Sections 4 and/or 5 to name new joint and/or contingent owners.
- All correspondence will be directed to the new owner, including lapse notices.
- If the current/new owner is a trust, pension plan or a company, submit a Trust Verification Request Form (16541), a Pension Plan Verification Form (17982) or a Corporate Resolution or similar document that lists all of the officers and/or individuals authorized to sign on behalf of the company, if you have not already done so.
- **If premiums are withdrawn from the current owner's bank account, the new owner may need to update their bank information using Form 15028.**

1. CURRENT OWNER INFORMATION (Please use your full legal name)

Individual, Trustee or Company Name					
If Trust, list Trust Name and Trust Date			Email Address		
Policy Number(s)			<input type="checkbox"/> Address Change Requested		
Mailing Address		City	State	Zip	Country
Street Address (REQUIRED if mailing address is a P.O. Box)		City	State	Zip	Country
Social Security / Tax Identification Number		Date of Birth (mm/dd/yy) / /		Personal Phone () -	

2. CURRENT JOINT OWNER INFORMATION (if applicable)

First Name		M.I.	Last Name		Suffix	
Mailing Address			City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)			City	State	Zip	Country
Social Security / Tax Identification Number		Date of Birth (mm/dd/yy) / /		Personal Phone () -		

Please check here to remove Current Joint Owner.

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3. NEW OWNER INFORMATION

Individual, Trustee or Company Name					
If Trust, list Trust Name and Trust Date					
Mailing Address		City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)		City	State	Zip	Country
Social Security / Tax Identification Number		Date of Birth (mm/dd/yy) / /		Email Address	
Personal Phone () -		Business Phone () -		Relationship to Current Owner	
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		

4. NEW JOINT OWNER INFORMATION (if applicable)

First Name		M.I.	Last Name		Suffix
Mailing Address		City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)		City	State	Zip	Country
Social Security / Tax Identification Number		Date of Birth (mm/dd/yy) / /		Email Address	
Personal Phone () -		Business Phone () -		Relationship to Current Owner	
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		

5. CONTINGENT OWNER INFORMATION

Individual, Trustee or Company Name			If Trust, list Trust Name and Trust Date		
Mailing Address		City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)		City	State	Zip	Country
Social Security / Tax Identification Number		Date of Birth (mm/dd/yy) / /		Email Address	
Personal Phone () -		Business Phone () -		Relationship to Current Owner	
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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6. CONFIRMATION - CURRENT OWNER / JOINT OWNER / OTHER

I (We) transfer all rights, title and interest in the listed policy(ies), and all claims, dividends, values and rights in and to be derived therefrom, during the lifetime of the insured, subject to the conditions of the policy to the new owner. Under penalties of perjury, I certify: (1) The Social Security Number or Taxpayer Identification Number shown on record is correct, (2) I am not subject to backup withholding as a result of failure to report all interest or dividends, (3) the IRS has notified me that I am no longer subject to backup withholding, (4) these withdrawals are subject to the withdrawal provisions within my contract. If withdrawals exceed the free withdrawal amount, I may incur a Withdrawal Charge or any applicable Premium Bonus Vesting Adjustment as specified in the contract, and (5) said contract is not assigned or pledged as collateral to any other person or legal entity.

Current Owner Signature X	Owner's Title (if corporation or trust)	Date (mm/dd/yy) / /
Current Joint Owner Signature X	Print Name	Date (mm/dd/yy) / /
Other Required Signatures (Irrevocable Beneficiaries, if any) X		Date (mm/dd/yy) / /

If you are signing on behalf of the owner, check one of the boxes to indicate the capacity in which you are signing and provide documentation to verify your authorization to act on behalf of the owner.

Conservator Guardian Power of Attorney

Signature X	Print Name	Date (mm/dd/yy) / /
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Spousal Consent is required for residents of Community Property States (AZ, CA, ID, LA, NM, NV, TX, WA or WI).

If you do not have a spouse, or if your spouse is deceased, please check this box.

Spouse Signature X	Date (mm/dd/yy) / /
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7. CONFIRMATION - NEW OWNER / JOINT OWNER

I (We) confirm the current owner is transferring all rights, title and interest in the listed policy, and all claims, dividends, values and rights in and to be derived therefrom, during the lifetime of the insured, subject to the conditions of the policy to the me, the new owner. Under penalties of perjury, I certify: (1) The Social Security Number or Taxpayer Identification Number shown on record is correct, (2) I am not subject to backup withholding as a result of failure to report all interest or dividends, (3) the IRS has notified me that I am no longer subject to backup withholding, (4) these withdrawals are subject to the withdrawal provisions within my contract. If withdrawals exceed the free withdrawal amount, I may incur a Withdrawal Charge or any applicable Premium Bonus Vesting Adjustment as specified in the contract, and (5) said contract is not assigned or pledged as collateral to any other person or legal entity.

New Owner Signature X	Owner's Title (if corporation or trust)	Date (mm/dd/yy) / /
New Joint Owner Signature X	Print Name	Date (mm/dd/yy) / /

If you are signing on behalf of the new owner, check one of the boxes to indicate the capacity in which you are signing and provide documentation to verify your authorization to act on behalf of the owner.

Conservator Guardian Power of Attorney

Signature X	Print Name	Date (mm/dd/yy) / /
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