

Insured/Annuitant

Last Name First Name M.I.

Contract/Certificate/Policy Number Telephone Number

New Owner See Special Note Below*

New Owner's Name New Soc. Security or Taxpayer ID Number

New Owner's Address Telephone Number

Relationship to Current Owner Date of Birth

New Joint Owner (Must be New Owner's Spouse- Limited to Non-Qualified Funds Only)**

New Joint Owner's Name New Soc. Security or Taxpayer ID Number

New Joint Owner's Address Telephone Number

**Joint Ownership will be as Joint Tenants with Right of Survivorship unless requested otherwise or prohibited by applicable state law.

When recorded by the Company at its Administrative Office, this transfer shall take effect as of the date of its execution.

Carry forward current beneficiary Or **Refer to Policyowner Service Request Form**

*Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number, and (2) that I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. Refer to IRS Form W-9 for complete information regarding backup withholding and Taxpayer Identification Numbers.

Signature of New Owner Date Title (Specific Title, if any) Date of Birth

Change of Annuitant (Only where permitted by Contract Provisions)

New Annuitant's Name New Soc. Security or Taxpayer ID Number

Gender: Male Female Date of Birth: _____ Telephone Number: _____

New Annuitant's Address:

Certification: I understand that the transaction I am requesting Liberty Bankers Life Insurance Company to make on my behalf may result in a tax consequence to me. I further understand Liberty Bankers Life Insurance Company and its agents cannot give legal advice concerning taxable events. I agree to hold harmless Liberty Bankers Life Insurance Company for any tax liability incurred as a result of this transaction.

Current Owner Signature: _____ Title: _____
(Specific Title, if any)

Current Owner Signature: _____ Title: _____
(Specific Title, if any)

Current Owner's Telephone Number: _____ Date: _____

Note: This form must be received in the Administrative Office within 60 days of signature date.

Recorded at the Administrative Office of Liberty Bankers Life Insurance Company, Springfield, Illinois.

Date Customer Service Representative