



WESTERN UNITED LIFE ASSURANCE COMPANY
 P.O. Box 2290 • Spokane, WA 99210-2290
 929 W Sprague Avenue • Spokane, WA 99201-4014
 800-247-2045 • Fax 509-835-3190 • www.wula.com

POLICY OWNER CHANGE REQUEST

Please Print Or Type

Annuitant/Insured _____	Policy Number _____
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PRIMARY BENEFICIARY CHANGE (IF A TRUST, THE DATE OF THE TRUST IS REQUIRED) (DO NOT NAME TRUSTEES)

#	Name	Address	Relationship	SSN/TIN	DOB/Trust Date
1.					
2.					
3.					
4.					
5.					

CONTINGENT BENEFICIARY CHANGE (IF A TRUST, THE DATE OF THE TRUST IS REQUIRED) (DO NOT NAME TRUSTEES)

1.	
2.	
3.	
4.	
5.	

OWNERSHIP CHANGE (MAY BE A TAXABLE EVENT) (IF A TRUST, THE DATE OF AND A COPY OF THE TRUST ARE REQUIRED)

Current Owner				New Owner			
Name				Name			
Address				Address			
City, State, Zip Code				City, State, Zip Code		Area Code, Phone Number	
Relationship	Birth/Trust Date	SSN/Trust ID	M/F	Relationship	Birth/Trust Date	SSN/Trust ID	M/F

TESTAMENTARY TRUST DESIGNATION

The Primary or Contingent Beneficiary of this policy shall be the testamentary trust established in the will of _____ dated _____, provided it's not been superseded and was entered for probate within 90 days of the death of the Annuitant; otherwise, proceeds are payable to the estate of the Annuitant.

NAME CHANGE

New Name of Insured _____	
Reason For Change of Name	
<input type="checkbox"/> Marriage	<input type="checkbox"/> Remarriage
<input type="checkbox"/> Divorce	<input type="checkbox"/> Death
<input type="checkbox"/> Court Order	<input type="checkbox"/> Assumption of a new name
<input type="checkbox"/> Name formerly given was incorrect	

SIGNATURES

Signature of Owner 	Date
Signature of Additional Owner 	Date
Signature of Spouse 	Date
Signature of Prior Owner (if ownership changed) 	Signature of New Owner (if ownership changed)