



Policy Change Request for Life and Annuity

Note: Do not use this form to request a Change of Beneficiary

Owner Name:

Policy/Certificate No.:

Annuitant/Insured Name:

Owner's Social Security No./Tax I.D. No.:

Address: *(Street, City, State & Zip Code)*

Telephone No.:

New address?

I hereby request the following changes in my Policy or Certificate, in accordance with its provisions. If a change of name or ownership is requested, it is not necessary to send the original Policy or Certificate. We will record the change on our records and send you an endorsement to be kept with the Policy or Certificate.

Legal Name Change or Ownership Change (Be sure to review your Beneficiary)

Change the name of the Owner Trust Annuitant Contingent Annuitant Insured Beneficiary Payor

From:

Social Security No./Tax I.D. No.:

To:

DOB: *(mm/dd/yyyy)*

Social Security No./Tax I.D. No.:

Relationship to Annuitant/Insured _____ (required for all ownership changes)

Legal name change is due to: Marriage* Legal Name Change* Divorce* Other _____

*Include any court documentation (i.e. marriage certificate, divorce decree, legal documents).

Ownership change is a possible taxable event. If ownership is being changed to or from a Trust, a copy of the trust document is required.

Payment Frequency Change

Change my payment frequency to Annual Semiannual Quarterly Monthly

Change my planned periodic premium payment amount from \$ _____ to \$ _____ effective *(mm/dd/yyyy)* _____.

If monthly is desired, please complete Form 1037.

If payroll deductions/reductions are being made, I understand I must also inform my payroll office.

Stop Payments. I wish to stop making planned periodic premium payments effective *(mm/dd/yyyy)* _____.

If payroll deductions/reductions are being made, I understand I must also inform my payroll office.

Resume Payments. I wish to resume making planned periodic premium payments of \$ _____

effective *(mm/dd/yyyy)* _____. If payroll deductions/reductions are being made, I understand I must also inform my payroll office.

Annual Semiannual Quarterly Monthly

Policy Change Request for Life and Annuity - Continued

Change Tax Qualification Type (Be sure to review your Beneficiary. Some tax qualification changes may be a taxable event, please contact a tax advisor.)

From: TSA 403(b)* (*Requires Plan Administrator's Signature*) Roth 403(b) Governmental 457**
 Traditional IRA SIMPLE IRA (*Participation date must be at least 2 years*) Other*** _____

To: TSA 403(b) Roth IRA Traditional IRA Other*** _____

* If from a TSA 403(b) or Roth 403(b), you must meet one of the following qualifying events (some may require proof of eligibility):

- Attainment of age 59½ Plan Termination (*Requires letter from employer stating the entire plan has terminated*)
 Severance from employment after age 55 Severance from employment

** If from a Governmental 457, you must meet one of the following qualifying events (some may require proof of eligibility):

- Attainment of age 70½ Plan Termination (*Requires letter from employer stating the entire plan has terminated*)
 Severance from employment

*** Non Deductible IRAs are not available at LSW

Election of nonforfeiture option (LSW life insurance policies only). I hereby request:

- Extended Term Life Insurance - The policy's net cash value is used to purchase term insurance for the full coverage amount provided by the original policy for as long a term as the net cash value can provide.
 Reduced Paid Up Insurance - The net cash value of the policy is used as a net single premium to purchase life insurance from the same plan as the original policy and for which no more premium payments are required.

Other Change: _____

W9: Under penalties of perjury, I hereby certify that: (1) the number shown on this application is my correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding; (3) I am a U.S. person (including a U.S. resident alien); and (4) I am exempt from FATCA reporting. *You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.*

Dated at _____ this _____ day of _____
City & State Date Month & Year

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholdings.

Signatures

Current Owner/Plan Trustee's Signature:

Spouse's Signature*:

Plan Administrator's Signature & Title:

New Owner/Plan Trustee's Signature:

Address: (*Street, City, State & Zip Code*)

A Notary Signature for the Owner is optional. (*Signature guaranteed acceptable*)

Personally appeared before me, _____,
known to me to be the person described in and who executed the forgoing instrument, who acknowledges to me that he/she executed the same freely and voluntarily and for the uses and purposes therein mentioned.
Witness my hand and official seal.

Notary Signature:

Date: (*mm/dd/yyyy*)

My commission expires _____, 20_____.

* Your spouse's signature is required on any 403(b) policy covered by ERISA; and on all requests in the following states: AZ, CA, ID, LA, NM, NV, TX, WA, WI. If you have a change in marital status, you must provide a certified copy of the legal document (i.e. name change, divorce decree, death certificate).

Note: If a corporation/trust is the owner, a corporate office/trustee must sign for the corporation/trust. After authorizing the change and giving the corporate office/trustee the authority to request the change on behalf of the corporation/trust an official corporate resolution or trust document must be attached.