

## Owner Change Instructions

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**Form used to:** Change policy/contract to a New Owner  
Change a corporate name  
Change policy/contract records to show new Trustee of the existing trust owner

**Use for NL and LS life insurance policies issued by:** National Life Insurance Company, Montpelier, Vermont  
Life Insurance Company of the Southwest, Montpelier, Vermont

**Use for NL, VL & CL annuity contracts issued by:** National Life Insurance Company, Montpelier, Vermont

**Mailing completed form to:** National Life Group  
One National Life Dr.  
Montpelier, VT 05604

### Instructions for completing the Form so that we may process your request

**Check mark:** the box identifying the Issuing Company of the policy/contract.

**Print legibly:** policy / contact number **and** name of Insured / Annuitant.

**For a Corporate Name Change:** Page 1 - Provide complete information in second box.  
Page 2 - Signatures: Current Owner - Authorized signor

**For a Change of Trustee:** Page 1 - Provide complete information in third box.  
Page 2 - Signatures: Current Owner - Current Trustees and Grantor  
New Owner - All new Trustees

#### **For a Change to a New Owner:**

Person: Page 1 - Provide complete information in first box.  
Page 2 - Signatures: Current Owner of record  
New Owner - All Primary Owners

Contingent Owner only:  
(N/A on Annuities) Page 1 - in first box, restate the Primary Owner information  
and provide complete Contingent Owner information.  
Page 2 - Signatures: Current Owner of record

Corporation: Page 1 - Provide complete information in second box.  
Page 2 - Signatures: Current Owner of record  
New Owner - Authorized Signor

Partnership: Page 1 - Provide complete information in second box.  
Page 2 - Signatures: Current Owner of record  
New Owner - Authorized Signor

Limited Liability Company (LLC) /  
Limited Liability Partnership (LLP): Page 1 - Provide complete information in second box.  
Page 2 - Signatures: Current Owner of record  
New Owner - Authorized Signor

Limited Partnership (LP): Page 1 - Provide complete information in second box.  
Page 2 - Signatures: Current Owner of record  
New Owner - All General Partners

Irrevocable Trust / Revocable Trust: Page 1 - Provide complete information in third box.  
Page 2 - Signatures: Current Owner of record  
New Owner - All Trustees

Qualified Pension Plan: Page 1 - Provide complete information in fourth box.  
Page 2 - Signatures: Current Owner of record  
New Owner - All Trustees



**Owner Change**

In accordance with the policy/contract provisions, request is hereby made for changes to the ownership arrangement as follows.

**Policy / Annuity Contract:** \_\_\_\_\_

**Insured / Annuitant:** \_\_\_\_\_

**NEW OWNER INFORMATION: (Provide in the appropriate block below.)**

**Complete ONLY if Person**

Individual Name & Address	Relationship to Insured/Annuitant	Birth Date	Soc. Sec. No.	Phone No.
<i>the survivors or survivor; while living; thereafter</i>				
Contingent Owner Name (if any) & Address	Relationship to Insured/Annuitant	Birth Date	Soc. Sec. No.	Phone No.
<i>the survivors or survivor; while living; thereafter</i> (Note: If neither box is checked, the final owner will be the Insured.)				
(Check One) <input type="checkbox"/> the Insured or <input type="checkbox"/> Estate of the last survivor of the named owners.				

**Complete ONLY if Business Entity Owner or Corporate Name Change**

Full Legal Name & Address	Relationship to Insured/Annuitant	Tax ID No.	Phone No.
State of organization: _____		Date of organization: _____	
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership			

**Complete ONLY if Trust Owner or Change of Trustee**

Name of Trust Agreement: _____	Trust Date: _____	
Settlor/Grantor: _____	Trust Tax ID: _____	
Trust is: <input type="checkbox"/> Revocable or <input type="checkbox"/> Irrevocable	Trust Beneficiary is: <input type="checkbox"/> Human or <input type="checkbox"/> Non-Human	
Name of Trustees	Address	Phone No.
All Trustees must act together, unless the following box is checked. <input type="checkbox"/> Each Trustee is authorized to act independently		

**Complete ONLY if Qualified Pension Plan**

Name of Qualified Pension Plan Agreement: _____	Trust Tax ID: _____
Plan Address: _____	Trust Tax ID: _____

**Owner Change - Continued**

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**Order of Succession:** Ownership cannot be divided so that each owner can act independently. All owners must act together. The owner may exercise all rights, privileges and benefits provided for by the policy. These actions may be taken without the consent and against the interest of any contingent owner. If the owner cannot change the beneficiary, these rights can be taken only by the owner and the beneficiary jointly. These actions may be taken only while the Insured is alive.

**Children:** If this request provides for unnamed "children" of any person, then only children born to or legally adopted by that person will be considered named. The issuer of the Policy/Contract ("Company") may rely on an affidavit by any person who in the judgment of the Company knows the facts to identify any owner not specified by name. All liability of the Company shall cease upon allowing such individual or individuals to exercise ownership rights or receive benefits under the Policy/Annuity Contract on the basis of such affidavit.

**Provision for Issue/Per Stirpes:** If this request provides for "provision for issue" or "per stirpes" of any person, then only children born to or legally adopted by that person will be considered named. The issuer of the Policy/Contract ("Company") may rely on an affidavit by any person who in the judgment of the Company knows the facts to identify any owner not specified by name. All liability of the Company shall cease upon allowing such individual or individuals to exercise ownership rights or receive benefits under the Policy/Annuity Contract on the basis of such affidavit.

**Minor owners:** The Company may require a court-appointed guardian and/or court order authorizing a request on behalf of a minor.

**Corporate Name Change:** The undersigned hereby certifies that the change in name has been filed and approved in accordance with the applicable law and regulation. The Company is relying on the representation made in this request.

**Notice:** The changes shall become effective only when accepted and recorded by the Company at its administrative home office. Forms containing incomplete information will be returned without processing. If there is no existing owner, EXCEPT as may be otherwise provided in this request, the owner shall be 1) the Insured or 2) the successors, if any otherwise the Insured on any policy owned by a corporation, Limited Partnership, Limited Liability Company, General Partnership or a trust or 3) the successors or assigns on any policy which is part of a pension or profit sharing plan.

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**Taxpayer Identification Number Certification: Under penalties of perjury, I certify that** (1) the number shown on this form 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; and (3) I am a U.S. person (including a U.S. resident alien).

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**Trust Certification:** The undersigned Trustee(s) hereby certifies and agrees.

1. that the Trust described herein has been properly executed, is now in full force and effect and is allowed by its term and by law to purchase and/or own the Policy/Annuity Contract, exercise all rights of ownership and receive payment of any benefits under the Policy/Annuity Contract;
2. to promptly provide to the Company and its administrative home office, evidence of the appointment of any successor trustee(s) and notice of any termination; amendment or modification of the Trust; and
3. that neither the Company nor its representatives are responsible for inquiring into the terms of the Trust and shall not be charged with knowledge of its terms or provisions. The Company is not responsible for the validity or effectiveness of the trust. The Company makes no representations directly or through its agents as to the suitability of this Trust as owner of any Policy/Annuity Contract.

**Trustee Change Certification:** The undersigned hereby certifies that this change in trustee has been made effective in accordance with the terms of the Trust's governing documents. The Company is relying on the representation made in this request and is not responsible for the validity or effectiveness of the Trust.

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**Special Instructions on Qualified Pension Plans:** Authorized Trustee of Pension Plan must sign. Refer to plan document for instructions. If plan is not currently established with the company, submit completed form 1620, Insurer only Agreement, for plan.

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**Authorizing Signatures:** Prior to signing any form, you may wish to consult with your tax advisor to discuss any possible tax considerations that may occur as a result of the requested changes.

**Dated:** \_\_\_\_\_

**Current Owner (Trustees, if applicable)**

**New Owner (Trustees, if applicable)**

By: \_\_\_\_\_

By: \_\_\_\_\_

**Signature**

**Signature**

Authorized Signor - Print Name (& Title if applicable)

Authorized Signor - Print Name (& Title if applicable)

Daytime Phone: (     )

Daytime Phone: (     )

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**Administrative / Home Office Use Only:**

Recorded and copy filed

Date: \_\_\_\_\_

By: \_\_\_\_\_, Registrar

Your copy of this agreement with the Company's written acknowledgement of recording thereon should be filed with the policy.

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