

Individual Annuity Ownership Change Request

(For use transferring ownership from a current owner to a new owner, changing name and/or date of birth on an existing annuity contract.)

Annuity Contract Number	Annuitant	Owner
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Important Note:

A Transfer of Ownership from the current owner of the above-referenced contract to the new owner(s) shown below is permissible pursuant to the terms and conditions of the contract with regard to insurable interest. The undersigned owner(s) warrant(s) that he or she has the right to transfer the ownership of the contract and that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have been instituted by or against him/her and he/she is not under guardianship or any legal disability. **This change of ownership may be considered a taxable distribution. Consult your personal tax adviser on all tax matters. Please be advised that changing the ownership will terminate any systematic withdrawal that is currently processing on this contract.**

New Primary Owner

(In order to update beneficiary information in conjunction with this change, the new owner must complete the Beneficiary Change Request, form V-4614.)

Name: (First) (MI) (Last)

Telephone Number SSN or Taxpayer ID* Date of Birth

Address

Relationship

New Joint Owner OR Successor Owner (if applicable)

(Please note: joint trustee or successor trustee information should not be provided in this section unless that individual is also being added to the contract as a joint or successor owner.)

Name: (First) (MI) (Last)

Telephone Number SSN or Taxpayer ID* Date of Birth

Address

Change of Name

(You **must** submit proof of the name change (e.g., Court Document, Driver's License, Divorce Decree.)

Former Name

(First) (MI) (Last)

New Name

(First) (MI) (Last)

Date of Birth Correction

(Please note: proof of the date of birth may be request in order to complete this change.)

Incorrect date of birth Correct date of birth

Signature** of Owner*** Date signed Daytime phone number

Signature** of Joint Owner*** (if applicable) Date signed Daytime phone number

*Under penalty of perjury, each owner certified that his/her Social Security (or taxpayer identification) number is correct as it appears on this form.

**If signing pursuant to a power of attorney, you must indicate this after signature (e.g., POA, Attorney-in-Fact, etc.)

*** **Certification:** I hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I am an authorized signatory thereof and that this request is being submitted in my capacity as an authorized signatory of the trust, custodial account, corporation or partnership. The above-signed hereby agrees, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless The National Security Life and Annuity Company, each of its subsidiaries, agents, employees and directors against any and all claims, liabilities, damages, demands, actions, controversies, charges, expenses and losses sustained or incurred by National Security's actions in making the change requested above and release the same from any liability arising from the execution of this transaction.

NOTE: If your contract has a Guaranteed Lifetime Withdrawal Benefit Rider, additional documents may be required. The transfer of ownership could have negative impact(s) to the rider. Please refer to your contract for more details.