



## Policy/Contract Change Form

POLICY INFORMATION	
Insured/Annuitant Name	Social Security Number
Owner Name	Social Security Number
Joint Owner Name (if applicable)	Social Security Number
Policy/Contract Number	Check one: <input type="checkbox"/> Life Insurance or <input type="checkbox"/> Annuity

CHANGE OF NAME	
Person: <input type="checkbox"/> Owner / Joint <input type="checkbox"/> Annuitant <input type="checkbox"/> Insured <input type="checkbox"/> Other: _____	
Reason: <input type="checkbox"/> Court Order <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other: _____	
NOTE: Include a copy of legal documentation showing the name change (i.e. Court Order, Marriage Certificate, or Divorce Decree). Legal documentation must show the link between the Prior Name and the Current Name.	
Prior Name (First, Middle, Last)	Current Name (First, Middle, Last)

ANNUITANT CHANGE		
NOTE: This section only applies to Annuities. Subject to the terms of the annuity contract.		
New Annuitant Name (First, Middle, Last)	Social Security Number	
Residence Street Address	Date of Birth	
City	State	Zip



**OWNERSHIP CHANGE**

The current Owner(s) agree(s) to unconditionally and irrevocably release all rights and privileges of ownership associated with this policy, and directs American Savings Life to transfer these Rights and Privileges to:

<b>Primary Owner Name</b> (First, Middle, Last)		Social Security Number	
E-Mail Address	Date of Birth	Relationship to the Insured/Annuitant	
Residence Street Address		Telephone Number	
City		State	Zip
<b>Joint Owner Name</b> (First, Middle, Last)		Social Security Number	
E-Mail Address	Date of Birth	Relationship to the Insured/Annuitant	
Residence Street Address (if different from Primary Owner)		Telephone Number	
City		State	Zip

**CONTINGENT OWNERSHIP CHANGE OR ADDITION**

<b>Contingent Owner Name</b> (First, Middle, Last)		Social Security Number	
E-Mail Address	Date of Birth	Relationship to the Insured/Annuitant	
Residence Street Address		Telephone Number	
City		State	Zip
<b>Joint Contingent Owner Name</b> (First, Middle, Last)		Social Security Number	
E-Mail Address	Date of Birth	Relationship to the Insured/Annuitant	
Residence Street Address		Telephone Number	
City		State	Zip



**FEDERAL TAXPAYER IDENTIFICATION NUMBER CERTIFICATION (W-9)**

**Under penalties of perjury, I certify that:**

- (1) The tax identification number shown on this form is correct, and
- (2) I am not subject to backup withholding either because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (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, and
- (3) I am a U.S. citizen or other U.S. person (defined in the W-9 instructions), and
- (4) I am exempt from FATCA reporting.

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

The following applies to each person signing this Request: The undersigned certify that no person, firm, or corporation other than the undersigned has/have any interest in this policy. I hereby acknowledge that I have read and understand this Request in its entirety, and represent and certify that, to the best of my knowledge, the above information is correct.

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

**For Joint Ownership:**

Check box if **both** Owners signatures are required for **all** authorizations, including any applicable Advance Premium Deposit (APD) or Guaranteed Interest Account (GIA); **otherwise** only one signature will be required.

Signature of Current Owner	Printed Name	Title <i>(if applicable)</i>	Date
Signature of Current Joint Owner <i>(if jointly owned)</i>	Printed Name	Title <i>(if applicable)</i>	Date
Signature of New Owner <i>(for Ownership Changes only)</i>	Printed Name	Title <i>(if applicable)</i>	Date
Signature of New Joint Owner <i>(for Ownership Changes only)</i>	Printed Name	Title <i>(if applicable)</i>	Date
Signature of Parent/Legal Guardian <i>(if Owner is a minor)</i>	Printed Name	Title <i>(if applicable)</i>	Date

Neither American Savings Life Insurance Company nor any of its representatives may provide tax or legal advice. Individuals should consult their tax advisor or legal counsel for specific advice and information regarding their individual situation.