



(Hereafter referred to as the Company, we, our or us)

# Annuity Policy Change Form

The following Transamerica Companies utilize this form:

Transamerica Advisor Life Insurance Company  
Transamerica Life Insurance Company

Transamerica Financial Life Insurance Company  
Transamerica Premier Life Insurance Company

✉ 4333 Edgewood Rd NE, Cedar Rapids, IA 52499

☎ Fax: (877) 355-4385

🌐 Website: www.transamerica.com

**Changes will be effective once all necessary paperwork is received by the Company in good order.**

## POLICY INFORMATION

Policy Owner

Policy Number

Citizenship:  U.S. Citizen/Entity\*  Non-U.S.Citizen/Entity\* (Country \_\_\_\_\_ )  
 Resident Alien  Non-Resident Alien

\* Not providing citizenship may delay processing.

## CHANGE OF POLICY INFORMATION

This change is for the:  Owner  Joint Owner  Annuitant

Name Change - Attach legal document evidencing the name change (e.g. marriage certificate or court order).

Reason for name change: \_\_\_\_\_

Previous Name

New Name

Address Change

Residential Address (Required)

City, State, Zip

Mailing Address (If different than Residential Address)

City, State, Zip

E-mail Address

Telephone Number

## CHANGE / TRANSFER OF OWNERSHIP

**IMPORTANT!** Certain ownership transfers may represent a taxable event under current federal tax law (see e.g., IRC Sections 72(e)(4)(C), 72(g), 83, and 2501). This may include a transfer of an annuity contract without adequate consideration (a “gratuitous transfer”). However, there are exceptions that may apply to your situation. We recommend you seek the advice of your tax and/or legal counsel prior to requesting any ownership change.

By checking this box and signing page 4, I hereby acknowledge that if this ownership transfer is to a non-spouse with a different Social Security Number/Taxpayer Identification Number, it will be treated as a taxable event to me as the current owner. The Company may be required to file a Form 1099-R with the IRS reporting any gain in the annuity as taxable income to the current owner. **Prior to making any changes, the notarized signatures of the current and new owner(s) are required (see Required Signatures section for more information).**

**PLEASE NOTE:** Upon an ownership transfer, existing financial transactions may be discontinued. In order to request financial transactions the new owner will need to complete the necessary forms.

**CHANGE / TRANSFER OF OWNERSHIP (continued)**

Type of change: <sup>(1)</sup>  Marriage  Divorce  Entity or Trust  Change Sole Owner  
 Add Joint Owner  Remove Joint Owner  Other: \_\_\_\_\_  
 Rollover to:  Traditional IRA  SEP IRA  Simple IRA  Other: \_\_\_\_\_

**List new ownership information below:**

Full Legal Name Relationship to Current Owner  
Social Security Number/Taxpayer Identification Number Date of Birth/Date of Formation Gender:  Male  Female  
Residential Address (Required) City, State, Zip  
Mailing Address (If different than Residential Address) City, State, Zip  
E-Mail Address Telephone Number

Citizenship:  U.S. Citizen/Entity\*  Non-U.S.Citizen/Entity\* (Country \_\_\_\_\_ )  
 Resident Alien  Non-Resident Alien

\* Not providing citizenship may delay processing.

<sup>(1)</sup> Attach marriage certificate, divorce decree, court order, legal document, certified copy of death certificate, Entity Certification or Trustee Certification if an Entity or Trust is named as Owner, if applicable. Additional paperwork may be required.

**AGGREGATION OF ANNUITIES**

**Complete this section for ownership changes/transfers on Non-Qualified policies only.**

All non-qualified deferred annuity policies that are issued by the Company (or our affiliates) to the same owner during the same calendar year are treated as one annuity for purposes of determining the amount includable in the owner's income when a taxable distribution occurs.

1. Do you own any other annuity policies with any of the following affiliates?

- ♦ Transamerica Advisors Life Insurance Company
- ♦ Transamerica Financial Life Insurance Company
- ♦ Transamerica Life Insurance Company
- ♦ Transamerica Premier Life Insurance Company

If yes, continue to question 2. Otherwise you may skip questions 2 & 3.

2. Were they purchased in the same calendar year as this policy?

If yes, continue to question 3. Otherwise you may skip question 3.

3. Please identify that policy or policies. \_\_\_\_\_

**CHANGE OF BENEFICIARY**

**If there are more than 3 beneficiaries, attach an Additional Beneficiary Form.**

The percentages assigned must be whole percentages and total 100% for each beneficiary type (100% for primary/100% for contingent). If the percentages do not total 100%, we will consider this designation incomplete until sufficient beneficiary information is received. If a designation is incomplete or there are no surviving beneficiaries at the time a claim is processed, proceeds will be payable per the terms of the policy. Beneficiary changes revoke any prior designations once this form is received in good order. Please provide as much personally identifiable information as possible regarding each beneficiary to ensure the death proceeds are distributed to your beneficiaries. Without this information, a delay in processing the claim may occur.

Check here if the below change of beneficiary is due to a divorce.

If the policy has a joint life rider you may be able to change your primary beneficiary. Both parties' notarized signatures will be required. The Owner agrees to continue to pay the joint rider fees and receive lower joint life/rider payments for any withdrawals and forfeit any benefit for the Ex-Spouse (i.e., the joint life portion of the rider).

Primary  Contingent Allocation Percentage: \_\_\_\_\_%

Complete Legal Name: \_\_\_\_\_  Spousal Beneficiary

Relationship to Annuitant: \_\_\_\_\_ Gender:  Male  Female  Entity or Trust

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Citizenship:  U.S. Citizen

Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_)  Resident Alien  Non-Resident Alien

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Primary  Contingent Allocation Percentage: \_\_\_\_\_%

Complete Legal Name: \_\_\_\_\_  Spousal Beneficiary

Relationship to Annuitant: \_\_\_\_\_ Gender:  Male  Female  Entity or Trust

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Citizenship:  U.S. Citizen

Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_)  Resident Alien  Non-Resident Alien

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Primary  Contingent Allocation Percentage: \_\_\_\_\_%

Complete Legal Name: \_\_\_\_\_  Spousal Beneficiary

Relationship to Annuitant: \_\_\_\_\_ Gender:  Male  Female  Entity or Trust

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Citizenship:  U.S. Citizen

Non-U.S.Citizen (Country of Citizenship: \_\_\_\_\_)  Resident Alien  Non-Resident Alien

**REQUIRED SIGNATURES**

Unless the Company has been notified of a community or marital property interest in this policy, the Company will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry. The policy owner agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

By requesting the changes and/or transfers included in this form, the policy owner(s), on his/her behalf and that of his/her successors and assignees, agrees to indemnify and hold the Company harmless from the consequences of recording these changes. The current owner further acknowledges that the Company may be required to treat certain ownership changes/transfers as taxable distributions from the annuity contract (see page 1 for more information).

**As a protection against fraud, we require a Medallion Signature Guarantee or a Notary Public Stamp for any ownership changes, with the exception of Custodial accounts.** The best source of a Medallion signature guarantee is a bank, savings and loan association, brokerage firm, or credit union with which you do business. Guarantor firms may, but frequently do not, charge a fee for their services.

I authorize the Company to process the requested distribution and understand that once the change is processed, the taxable event and any federal or state withholding that occurred cannot be reversed.

\_\_\_\_\_  
Signature of Owner/Trustee/Custodian/Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number/Tax Identification Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**Medallion Signature Guarantee or Notary Public Stamp**

\_\_\_\_\_  
**Notary Signature:**

\_\_\_\_\_  
Signature of Joint Owner/Trustee/Custodian/Authorized Representative (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Social Security Number/Tax Identification Number

\_\_\_\_\_  
Joint Owner Telephone Number

\_\_\_\_\_  
Joint Owner Email Address

**Medallion Signature Guarantee or Notary Public Stamp**

\_\_\_\_\_  
**Notary Signature:**

\_\_\_\_\_  
Signature of New Owner/Trustee/Custodian/Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number/Tax Identification Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**Medallion Signature Guarantee or Notary Public Stamp**

\_\_\_\_\_  
**Notary Signature:**