



## PILLAR LIFE INSURANCE COMPANY

### CHANGE OF OWNER

This form, when properly completed and submitted, allows you to make owner changes to a Pillar Life policy.

Be sure to complete the relevant sections

#### 1. Current owner information

***Current owner information***

Annuity contract number:  
Primary full legal name (or trust name if a trust):  
Daytime telephone number:  
Email address:  
Street Address:  
City:  
State:  
Zip code:

***Joint or co-owner information (if applicable)***

Co-owner's full legal name:  
Daytime telephone number:  
Email address:  
Street Address:  
City:  
State:  
Zip code:

#### 2. Owner change (absolute assignment)

***Complete this section only if making an owner change.*** Select one of the following:

- Change existing owner to another person (or to a non-natural person)
- Add a co-owner
- Remove an existing co-owner and the information provided below is ***for the owner who will remain on file***

**Note:** Telephone withdrawal authorization, systematic withdrawal payments, and broker trade authorization will all terminate upon an owner change.

**All Information is required**

New owner's/co-owner's full legal name:  
Gender:  Male  Female  
Line of business:  
Entity:  Yes  No

Social Security Number (or TIN)  
Date of birth/trust (MM/DD/YYYY):  
Relationship to current owner:  
Daytime telephone number:  
Email address:  
Street address:  
City:  
State:  
Zip code:

**Tax classification for contract owners that are not individuals**

Please check the appropriate box below to indicate how you are taxed for federal income tax purposes. We use this information to determine our obligations under the tax laws for withholding and information reporting. If you do not check a box, we will apply the federal default presumption rules.

- Trust
- Estate
- Partnership
- C Corporation
- S Corporation
- LLC taxed as partnership
- LLC taxed as C Corporation
- LLC taxed as S Corporation
- Other (please specify, for example, Charity, Qualified Retirement Plan, Non-Profit) \_\_\_\_\_

For single-member limited liability company (LLC) treated as a disregarded entity, please provide below the name, Taxpayer Identification Number (TIN) and tax classification of the owner of the LLC.

Name:  
TIN:  
Tax classification:

**3. Signatures and authorizations**

I/We request Pillar Life Insurance make the above changes to the specified contract, and I/We agree to submit additional information upon request if such information, in the discretion of Pillar Life Insurance, is necessary to implement the changes on this form. I/We also understand that the instructions on this form are subject to the terms and conditions of the contract and prospectus, along with any riders.

**Current owner(s) (all must sign)**

\_\_\_\_\_  
(Owner or Trustee Signature) (Date – MM/DD/YYYY)

Title (please check appropriate box, if applicable)  
 Trustee  Power of Attorney  Guardian  Other \_\_\_\_\_

\_\_\_\_\_  
(Co-owner or Co-trustee Signature) (if applicable) (Date – MM/DD/YYYY)

Title (please check appropriate box, if applicable)

Trustee  Power of Attorney  Guardian  Other \_\_\_\_\_

**Certification required of U.S. persons only (including U.S. citizens, U.S. resident aliens, or other U.S. persons).**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number,
2. I am not subject to backup withholding 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, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

**Certification instructions:** You must check the box below 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.

I am subject to backup withholding as a result of a failure to report all interest and dividends.

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

***For owner changes only: New owner(s)(all must sign)***

\_\_\_\_\_  
(New owner signature, if applicable)

\_\_\_\_\_  
(Date – MM/DD/YYYY)

Title (please check appropriate box, if applicable)

Trustee  Power of Attorney  Guardian  Other \_\_\_\_\_

\_\_\_\_\_  
(New co-owner signature, if applicable)

\_\_\_\_\_  
(Date – MM/DD/YYYY)

Title (please check appropriate box, if applicable)

Trustee  Power of Attorney  Guardian  Other \_\_\_\_\_

\_\_\_\_\_  
(Irrevocable beneficiary signature, if any)

\_\_\_\_\_  
(Date – MM/DD/YYYY)

**4.Submission Instructions**

Please return this form to

Pillar Life Insurance Company  
711 SW D Ave #100  
Lawton, OK 73501