



PILLAR LIFE INSURANCE COMPANY

CHANGE OF SOCIAL SECURITY NUMBER

This form, when properly completed and submitted, allows you to make owner social security number or tax EIN 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. Social Security Number or Tax EIN change (absolute assignment)

Party whose SSN or EIN is being changed:

Existing or Incorrect Social Security Number (or Tax EIN):

New or Correct Social Security Number (or Tax EIN):

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) _____

4. 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 _____

5. Submission Instructions

Please return this form to

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