

# Ownership Change Request Form

## ◆ General Information

|  |                                 |
|--|---------------------------------|
| Name of Current Owner _____            | Name of Annuitant/Insured _____ |
| PIA of NY Policy/Contract Number _____ | Phone # _____                   |
| Email _____                            |                                 |

## ◆ Transfer of Ownership

|                         |                                  |
|-------------------------|----------------------------------|
| Name of New Owner _____ | Relationship to Insured _____    |
| Date of Birth _____     | Social Security _____            |
| Phone Number _____      | Email _____                      |
| Address _____           | City _____ State _____ Zip _____ |

## ◆ TAX IDENTIFICATION CERTIFICATION (Required for Processing)

I have reviewed the completed information and it correctly reflects my intended change. I also certify that, under penalty of perjury, the Social Security Number shown below is my correct number. Any change indicated above will become effective on the date this form is signed, provided this form has been properly executed upon receipt.

Social Security Number of Current Owner: \_\_\_\_\_

## ◆ Disclosures and Signatures

NOTE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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I have reviewed and completed information and it correctly reflects my intended change. I also certify that, under penalty of perjury, the Social Security Number shown below is my correct number. Any change indicated above will become effective on the date this form is signed, provided this form has been properly executed upon receipt.

Social Security Number of New Owner \_\_\_\_\_

|                                    |            |   |            |
|------------------------------------|------------|---|------------|
| Legal Signature of New Owner _____ | Date _____ | *Legal Signature of Current Owner _____ | Date _____ |
|------------------------------------|------------|---|------------|

\* Signature of New Owner must be notarized in order to process these changes.

Affix Notary Seal or Stamp

State of \_\_\_\_\_

County/City of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

before me, personally appeared \_\_\_\_\_,

known to me or satisfactorily proved to me to be the person who signed this document and acknowledged that he/she executed the document.

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_