



Before completing this form, please know:

- Contingent ownership will be effective only if the new owner is a natural person (not a corporation, partnership or a trust), and the owner, or all designated owners, predecease the Insured. A contingent owner may not be designated on any annuity policy.

Section 1: Policy Information

Policy number		
Insured - First name	Middle name	Last name

Section 2: Ownership Information

Individual (or individuals, if the policy is co-owned)

Owner - First name	Middle name	Last name
Social Security number	Phone number	Email address
Co-Owner - First name	Middle name	Last name
Social Security number	Phone number	Email address

Trust, Charity, or Business Entity:

Print full name of Trust/Charity/Business entity

Date of Trust (mm/dd/yyyy)	Tax ID number of Trust/Charity/Business	
Contact person - First name	Middle name	Last name
Phone number	Email address	

Section 3: Contingent Ownership Designation

Contingent Owner's Name (Provide full name of Person, Trust, Charity, or Business Entity)	SSN/TIN or EIN	
Responsible Party (For Entities: Name of Trustee, General Partner, Officer)		
Address		
Email Address	Telephone Number	Date of Birth (mm/dd/yyyy)

Section 4: Certification and Signatures

Social Security or Taxpayer Identification Number of Owner

Under penalty of perjury, I, certify that:

1. The number shown in this document is my correct social security or taxpayer identification number (or I am waiting for a number to be issued to me); and
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 back up withholding; and
3. I am a U.S. Citizen or other U.S. person (defined below); and
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States; and
5. I have the right to make this request without the authorization, approval or permission of any court, person, firm or corporation.

If you are not a U.S. citizen or non-U.S. residing U.S. resident alien, you must submit the applicable IRS Form W-8 with this form to certify your foreign status and, if applicable, claim treaty benefits. If you are not a U.S. person, your signature below only applies to the provisions of this document other than the provisions contained in this Owner Tax certification section.

Form W-9 and Form W-8 and their instructions are available upon request or on irs.gov.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner type	Signature requirement
Individual acting on behalf of the Owner	The full name of the Owner's fiduciary or Agent and the legal documentation of the authority to act (e.g. power of attorney, guardianship papers, etc.).
Trust	Signatures, followed by the word "Trustee," of all required Trustees.
Partnership	The full name of the firm should be printed with the signature of all general partners (not limited partners). Partnership Resolution or Partnership Records is required.
Sole Proprietorship	The full name of the business should be printed with the signature of the Owner followed by the word "Owner".
Corporation/Charity	The signature and title of one officer (other than the insured). Most common authorized officers include: Chief Financial Officer, President, Vice President, Treasurer, Corporate Secretary, Principal (LLC), Managing Member (LLC), or Loan Officer (on behalf of collateral assignee). Corporate Seal, Board Resolution or Certification of Corporate Records is required.

I declare under penalty of perjury under the laws of the State/Territory of _____ and the laws of the United States of America that the foregoing is true and correct. State

Executed this _____ day of _____, 20____ at _____, _____.

Day Month Year City State

Signature of Owner		Date (mm/dd/yyyy)
X		
Title (if acting in a representative capacity)		
Print - First name	Middle name	Last name
Signature of Co-Owner		Date (mm/dd/yyyy)
X		
Title (if acting in a representative capacity)		
Print - First name	Middle name	Last name

How to submit this form

Mail:

Pacific Guardian Life
Attn: Client Relations Department
1440 Kapiolani Blvd., Suite 1700
Honolulu, HI 96814

Email:

clientrelations@pacificguardian.com

Fax:

808.942.1253 (Oahu)
800.946.1295 (Neighbor Islands/Mainland/U.S. Island Territories)

Pacific Guardian Life is here to help

You can reach us at 1.800.432.3306. Monday – Friday 8:00 a.m. to 5:00 p.m., Hawaii Standard time.