



# PACIFIC GUARDIAN LIFE

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(800) 367-5354 • clientrelations@pacificguardian.com

## Change of Ownership Form.

Before completing this form, please know:

- This form may not be used for Qualified Accounts.
- Depending on your personal financial situation, a change of ownership of a life insurance or annuity contract may be a taxable event. It is highly recommended you consult with a tax and/or legal professional to consider potential tax and estate implications.
- The new Owner will be listed as the Payor of the policy unless instructed otherwise.
- For Annuity contracts:
  - If the new owner is a revocable trust or an irrevocable grantor trust, the annuitant must be the grantor of the trust to assure compliance with Section 72(s) of the Internal Revenue Code. For joint grantor trusts, both grantors must be annuitants, unless only one grantor's separate property is used to fund the annuity, in which case that grantor must be the annuitant.

### Section 1: Policy Information

Policy/Contract number

### Section 2: Current Ownership Information

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

Owner - First name

Middle name

Last name

Social Security number

Phone number ( Mobile)

Email address

Co-Owner - First name

Middle name

Last name

Social Security number

Phone number ( Mobile)

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 ( Mobile)

Email address

### Section 3: Authorization to Transfer Ownership – must be signed by all present owners.

- Subject to the approval of Pacific Guardian Life, you absolutely and unconditionally transfer ownership of the above described life insurance policy(ies)/annuity contract(s) to the person(s) named in Section 5 and his/her successors.
- You have the right to make this change of ownership without the authorization, approval or permission of any court, person, firm or corporation.
- Pacific Guardian Life is not responsible for the sufficiency or validity of this transfer of ownership.
- If this policy(ies)/contract(s)/account(s) has been assigned as collateral, this transfer of ownership is made subject to that assignment.
- If any contingent owner has been named in this policy/contract, or by subsequent instrument, that designation of contingent owner is hereby revoked.
- The current beneficiary designation will remain in effect unless changed by the new owner(s).

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

**\*\*For signature requirements – see page 5**

**Notarization**

State of:

County of:

On , 20 ,  personally appeared before me,  
Month, Date      Year      Name of Principal

- who is personally known to me
- whose identity I proved on the basis of
- whose identity I proved on the oath/affirmation of ,  
a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

<b>Signature of Notary</b>	Date (mm/dd/yyyy)

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations will not be accepted.

**Notary Seal:**

**Section 4: New Owner Information**

**5.A - Individual Owner**  Check here if previous Owner should be Payor. If unchecked, Payor will default to new Owner.

<b>Name as it appears in IRS Records</b>		<b>SSN/TIN</b>
<input type="text"/>		<input type="text"/>
<b>Relationship to Current Owner(s)</b>		<b>Date of Birth (mm/dd/yyyy)</b>
<input type="text"/>		<input type="text"/>
<b>Citizenship (Select One):</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		<b>Phone number (<input type="checkbox"/> Mobile)</b>
<b>Country of Citizenship (Required if Resident Alien or Non-Resident Alien)</b>		<input type="text"/>
<input type="text"/>		
<b>Marital Status (Select One):</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Street Address</b>		
<input type="text"/>		
<b>City</b>	<b>State</b>	<b>Zip code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Email address</b>		
<input type="text"/>		

**5.B – Trust or Organization**

If a trust, the short-form trust document and a completed Certificate of Trust form is required.

If an organization, a Corporate Seal, Board Resolution or Certification of Corporate Records is required.

<b>Trust or Organization Name</b>		<b>Date of Trust (mm/dd/yyyy)</b>
<input type="text"/>		<input type="text"/>
<b>Trustee or Officer of Organization Name</b>		<b>Trust or Organization TIN</b>
<input type="text"/>		<input type="text"/>
<b>SSN/TIN of Trustee</b>	<b>Phone number (<input type="checkbox"/> Mobile)</b>	<b>Email Address</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Trustee or Officer of Organization Name</b>		
<input type="text"/>		
<b>SSN/TIN of Trustee</b>	<b>Phone number (<input type="checkbox"/> Mobile)</b>	<b>Email Address</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
If Trust is new owner (Select One): <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Grantor Trust <input type="checkbox"/> Irrevocable Non-Grantor Trust		
<b>Trust or Business Address</b>		
<input type="text"/>		
<b>City</b>	<b>State</b>	<b>Zip code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Trustee/Corporate Officer or Corporate Representative Email Address</b>		
<input type="text"/>		

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**Section 5: Beneficiary Designation****Instructions:****IMPORTANT: If this section is blank, then by default no changes will be made to update the existing beneficiary designations.**

If an attachment is required to complete the beneficiary designation, make sure the attachment contains the policy/contract number, signature date and all appropriate signatures.

- **Make sure the percentages total 100% for primary and 100% for contingent beneficiaries.**
- If a Testamentary Trust is designated, please provide the article and paragraph number from the Will in the designation. The execution of the designation requires that your Will be admitted to probate and the Trustee(s) make claim for the proceeds accompanied by due proof of the trustee(s)' appointment. In the event there are multiple testamentary trusts and the trust is not clearly identified, settlement may be delayed because a court order may be required at time of settlement.
- Unless specifically noted on this form, all designations will be considered to be equally and with rights of survivorship.
- **All beneficiary designations are subject to the approval of the corporate office.**

**Rights of Survivorship** – the beneficiaries will receive equal shares of the proceeds; however, if the person has died before the owner, the share which the person would have received if he or she survived the owner will be paid equally among the surviving beneficiaries.**Rights of Survivorship Per Stirpes** – the beneficiaries will receive equal shares of the proceeds; however, if the person has died before the owner, the share which the person would have received if he or she survived the owner will be paid to his or her legally born to, or legally adopted by, children of that deceased person, per stirpes.**Select One (Required):**  Primary  Contingent (proceeds are paid to contingent if primary beneficiary(ies) is deceased)**Select One:**  Rights of Survivorship  Rights of Survivorship Per Stirpes

<b>Beneficiary Name</b> (Provide full name of Person, Trust, or Organization designated as beneficiary)		<b>Trust Date</b> if Trust named (mm/dd/yyyy)
<b>Relationship</b> (Relationship between the beneficiary and Insured)	<b>Social Security/Tax ID No.</b>	<b>Percentage (required)</b>
<b>Address</b>		
<b>Date of Birth</b> (mm/dd/yyyy)	<b>Email address</b>	<b>Phone number</b> ( <input type="checkbox"/> Mobile)

**Select One (Required):**  Primary  Contingent (proceeds are paid to contingent if primary beneficiary(ies) is deceased)**Select One:**  Rights of Survivorship  Rights of Survivorship Per Stirpes

<b>Beneficiary Name</b> (Provide full name of Person, Trust, or Organization designated as beneficiary)		<b>Trust Date</b> if Trust named (mm/dd/yyyy)
<b>Relationship</b> (Relationship between the beneficiary and Insured)	<b>Social Security/Tax ID</b>	<b>Percentage (required)</b>
<b>Address</b>		
<b>Date of Birth</b> (mm/dd/yyyy)	<b>Email address</b>	<b>Phone number</b> ( <input type="checkbox"/> Mobile)

**Select One (Required):**  Primary  Contingent (proceeds are paid to contingent if primary beneficiary(ies) is deceased)**Select One:**  Rights of Survivorship  Rights of Survivorship Per Stirpes

<b>Beneficiary Name</b> (Provide full name of Person, Trust, or Organization designated as beneficiary)		<b>Trust Date</b> if Trust named (mm/dd/yyyy)
<b>Relationship</b> (Relationship between the beneficiary and Insured)	<b>Social Security/Tax ID No.</b>	<b>Percentage (required)</b>
<b>Address</b>		
<b>Date of Birth</b> (mm/dd/yyyy)	<b>Email address</b>	<b>Phone number</b> ( <input type="checkbox"/> Mobile)

**Select One (Required):**  Primary  Contingent (proceeds are paid to contingent if primary beneficiary(ies) is deceased)

**Select One:**  Rights of Survivorship  Rights of Survivorship Per Stirpes

<b>Beneficiary Name</b> (Provide full name of Person, Trust, or Organization designated as beneficiary)		<b>Trust Date</b> if Trust named (mm/dd/yyyy)
<b>Relationship</b> (Relationship between the beneficiary and Insured)	<b>Social Security/Tax ID No.</b>	<b>Percentage (required)</b>
<b>Address</b>		
<b>Date of Birth</b> (mm/dd/yyyy)	<b>Email address</b>	<b>Phone number</b> ( <input type="checkbox"/> Mobile)

**Select One (Required):**  Primary  Contingent (proceeds are paid to contingent if primary beneficiary(ies) is deceased)

**Select One:**  Rights of Survivorship  Rights of Survivorship Per Stirpes

<b>Beneficiary Name</b> (Provide full name of Person, Trust, or Organization designated as beneficiary)		<b>Trust Date</b> if Trust named (mm/dd/yyyy)
<b>Relationship</b> (Relationship between the beneficiary and Insured)	<b>Social Security/Tax ID No.</b>	<b>Percentage (required)</b>
<b>Address</b>		
<b>Date of Birth</b> (mm/dd/yyyy)	<b>Email address</b>	<b>Phone number</b> ( <input type="checkbox"/> Mobile)

**Other Text.** Use this option only when more space is needed or for special instructions.

**Section 6: Minor Beneficiaries**

**Important:** If a Custodian is not named by the time a claim for benefits is made, a petition will need to be made to the Courts to designate a guardian or custodian. Court issued documentation proving designation will need to be provided to PGL before any action can be made.

I hereby request that the proceeds be paid to the custodians listed below under the State of \_\_\_\_\_ UTMA (not available in VT or SC).

<b>Custodian - First name</b>	<b>Middle Initial</b>	<b>Last Name</b>
<b>Successor Custodian - First name</b>	<b>Middle Initial</b>	<b>Last Name</b>

**Section 7: Authorization and Acknowledgements (Must be signed by all new owners or fiduciaries)**

- You confirm that you are at least 18 years of age and full legal age in your state of residence.
- You acknowledge that you will be bound by the terms of the insurance policy(ies)/annuity contract(s), as are your heirs, executors, administrators and successors.

Taxpayer Identification Number (TIN) to Be Used on This Account(s)

Name (on IRS Records) associated with this Taxpayer Identification Number (TIN)

**Form W-9 TIN Certification**

Check appropriate box for federal tax classification (required):

Individual/Sole proprietor/Single Member LLC

Partnership

**Corporation**

Trust

C-Corporation

Revocable

S-Corporation

Irrevocable

**Limited Liability Company (LLC)**

Irrevocable Grantor

C-Corporation

Estate

S-Corporation

Other

Partnership

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is a "disregarded entity", unless the owner of the LLC is another LLC that is not a "disregarded entity" for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Check here if owner is an Exempt Payee (defined in Form W-9 instructions)

Exempt Payee Code:

Exemption from FATCA reporting code (if any):

As used below, the word "I" refers to the applicant who is the taxpayer on the account.

**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. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct; and
5. I have the right to make this change of ownership without the authorization, approval or permission of any court, person, firm or corporation.

**Certification Instructions:**

As used below, the word "You" refers to the application who is the taxpayer on the account.

Check this box if you have been notified by the IRS that you are currently subject to back up withholding because you have failed to report all interest and dividends on your tax return.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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](http://irs.gov).

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

**Section 8: Signatures**  
**Signature requirements**

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. <i>power of attorney, guardianship papers, etc.</i> ).
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
Country

<b>Signature of New Owner(s)/Fiduciaries</b>	Date Signed (mm/dd/yyyy)	
X		
Title (if acting in a representative capacity)		
Print - First name	Middle name	Last name
<b>Signature of New Owner(s)/Fiduciaries</b>	Date Signed (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@pacifiguardian.com](mailto:clientrelations@pacifiguardian.com)

**Fax:**  
 1.800.946.1295

**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.